DOCUMENT RESUME

ED 259 257 CG 018 358

AUTHOR Hartmann, Barbara Reed

TITLE Toward Pride and Professionalism: Increasing Personal Responsibility. Thirty-Six Hour Substance Abuse Curriculum. Facilitator Guide. Student Workbook.

INSTITUTION Arizona Univ., Tucson. Coll. of Medicine.

SPONS AGENCY Department of the Navy, Washington, D.C.

PUB DATE Aug 84

CONTRACT N00244-84-D-1509

NOTE 381p.; Paper and curriculum guide presented at the Annual Convention Psychological Association (92nd, Toronto, Ontario, Canada, August 23-27, 1984).

PUB TYPE Guides - Classroom Use - Materials (For Learner) (051) -- Guides - Classroom Use - Guides (For Teachers) (052) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC16 Plus Postage.

DESCRIPTORS *Alcoholism; Attitude Change; Coping; Curriculum Guides; Decision Making; *Drug Abuse; Drug Addiction; *Military Personnel; *Prevention; Responsibility; Stress Variables; Values

IDENTIFIERS *Navy; Self Efficacy

ABSTRACT

This document presents a 36-hour curriculum of the Navy Alcohol and Drug Safety Action Program designed to reduce drug and alcohol related problems in the Navy by increasing resistance to addiction. The responsibility each person holds for his or her own health and well-being as a member of the United States Navy is emphasized throughout the course. The curriculum, which contains both cognitive and affective components, consists of supervised practice in communication and adaptability regarding values and decisions about drug practices and lifestyle. The course combines experiential and didactic exercises designed to help students examine the consequences of their choices and develop methods to implement behavioral change. The facilitator guide provides dialogues, reviews, application exercises, summaries, and worksheet assignments for each of the 12 sessions. The student workbook provides students with relevant information and assignments and includes a syllabus of the course which outlines sessions in personal responsibility, addiction, attitudes and values, stress, decision-making, and drug practices. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED259257

BEST COPY AVAILABLE

THE 36 HOUR CURRICULUM
TOWARD PRIDE AND PROFESSIONALISM: INCREASING PERSONAL RESPONSIBILITY

Facilitator Guide

Student Workbook

Barbara Reed Hartmann
University of Arizona

CG 018358

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Barbara Reed Hartmann

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the Annual Convention of the American Psychological Association, Toronto, Canada, August 24-28, 1984.

THE THIRTY-SIX HOUR CURRICULUM

PRESENTER: Barbara Reed Hartmann, Ph.D.
Research Assistant Professor
Department of Family and Community Medicine
College of Medicine, University of Arizona
Principal Investigator: Navy Alcohol and Drug
Safety Action Program
Tucson, Arizona 85724

The purpose of the NADSAP classroom experience is to increase the awareness of the responsibility each person holds for his or her own health and well-being as a member of the U.S. Navy. This is accomplished through a combination of experiential and didactic exercises designed to help students examine the consequences of their past and present choices and develop methods to implement behavioral change. This approach reflects current trends in employee education which focus on altering personal lifestyle through a manager development perspective.

Responsibility for self and to others is emphasized throughout the course. Students who are able to take control over their own behaviors increase the probability that they will function more effectively in both the personal and professional aspects of their lives. The goal of the Student Course is enable participants to develop lifestyle strategies to support future identification of self as: alcohol low user or non user; and drug non user through taking responsibility for self by learning to communicate effectively; adapting to the Navy environment by managing stress successfully; and recognizing the consequences of drug and alcohol use for self, other, and the Navy.

The NADSAP curriculum includes both cognitive and affective components. Students learn about the action and effects of drugs and alcohol, while they learn how their values, early experiences, and current environments condition their use of drugs and alcohol. They have a chance to improve their communication skills, apply a decision making model to their problems, and practice the adaptability skills which wil help them deal with the pressures of daily life. Didactic methods are used throughout to impart factual information about many topics. The classroom facilitator is responsible for delivering a course which entails verbal instruction, films, worksheets, and pamphlets along with application exercises which develop each topical area. For example, students in class interactions form the basis for practice in communication and decision making skills.

Overall, the NADSAP effort provides participants with an opportunity to expand their repertoires of coping skills, which will increase the probability that they will choose rewarding and health enhancing alternatives to substance abuse.

BRH:mt

THIRTY SIX HOUR SUBSTANCE ABUSE CURRICULUM

Barbara Reed Hartmann, Ph.D.
Assistant Professor Research
Principal Investigator

POPULATION

The Navy consists of close to 600,000 active duty personnel, of which there are two target groups for the NASAPP. The incident group consists of both drug and alcohol offenders. For drug use, the age range is 18 to 22 primarily, although there remains a small but steady stream of older referrals up to age 26. For alcohol use, the age range is wider, the bulk of referrals being 20 through 31 years of age. The rate/rank of the most frequent incident group is E-1 through E-3 for drug use; and E-3 through E-8, and 0-1 through 0-4 for alcohol--most often intoxicated driving arrests. The NASAPP has historically been focused on the incident client.

Since 1980, the Navy has been increasingly disseminating policy which addresses the requirements of each command to provide a prevention/education program at the local level. In the intervening years, more and more Commands have chosen to fulfill this requirement by accessing NASAPP classes. This mission has brought about the need to define who in the Navy would most benefit from the course as a prevention.

As a working hypothesis, the favored population has been E-4 through E-6, and 0-1 through 0-3. These groups were targeted since their self-perceived "ability to benefit", judged from willingness to cooperatively participate in the course, has been significantly higher than both lower and higher ranking personnel. During April 1984, however, the Chief of Naval Operations, Admiral James Watkins, directed all Commanding Officers, Executive Officers, Master Chief Petty Officers of Commands to attend the thirty six hour substance abuse course.

SUBSTANCE USE

Estimates (1982, Survey, Burt Associates, Inc.) of percent of the population regularly consuming alcohol range from a low of 78 to a high of 94 with 85% of personnel surveyed reporting having consumed alcohol in the thirty days prior.

With heavy drinking being defined as 8 or more drinks per occasion, a total of 45%--25% (beer), 6% (wine), 12%

(liquor), classified themselves in this category, while 8% claimed alcohol dependence. Forty percent of Navy personnel surveyed reported work performance impairment due to alcohol (15% drunk on duty).

Other drug use has been self-reported at 17% for marijuana and 12% using other illicit drugs. Of the 14% who reported impairment resulting from drug use, 12% claimed to be high on duty. Marijuana use is reported officially to be lower than 22% of enlisted and non-existent among commissioned members. Self-reports of class participants lead NASAPP to suspect that the percentage of users is significantly greater in the surface fleet than is formally believed.

SORTING THE POPULATION

Alcohol

As with the prevention group, those who have not come to Navy attention yet for their substance use, the NASAPP has carved a subset of the incident referrals to function as most favored. With alcohol the criteria employed for this triage is self-reported number of drinking occasions per week pre-service and present. Since the consumption within the population is quite high, with both incident and non-incident referrals reporting about the same amount of drinking, our screening goal, as a first step, is to classify by level of work responsibility in the Navy associated with frequency of drinking. For supervisory personnel E-5 through Officer ranks then the arbitrary cut off point for NASAPP is 4 drinking occasions per week, unless the individual was a total abstainer prior to joining the Navy.

For E-4 and below, with the exception of preservice total abstinence, infrequent drinkers and those in the Navy less than 6 months, seven drinking occasions is an appropriate referral.

These criteria allow for rebellion in newcomers as well as the high risk level for preservice total abstainers for survival in the heavy drinking society of the Navy.

Drug

For (other) drug incidents, under Navy regulations, supervisory personnel E-6 and above are to separated from the Navy. If these persons become enrolled in NASAPP classes, the enrollment is considered part of the Navy's obligation to assist personnel who have drug problems other than dependency. Dependency is treated at Levels II (outpatient) or III (residential).

With E-4 and below, frequent users (3 times per week or more) both preservice and present, and all preservice abstainers who are present users should be referred to Level II to rule out dependency. Other patterns of use are to be treated at Level I.

INTERVENTION

The point of view articulated as Level I is that substances can enhance or detract from self-awareness and interconnectedness depending upon how appropriate comportment is defined in the specific culture. In this regard, the Navy, as a system, is under pressure to shift from its historical approval of intoxicated comportment to a position of non-approval--either the appearances of non-intoxicated comportment or actual non-intoxicated comportment. Therefore, its recent strong policy on substances -- "zero tolerance" for both alcohol abuse and illicit drug use.

The curriculum consists of thirty six hours of supervised practice of COMMUNICATION (self-awareness; self-other connectedness; self-other-in the Navy interconnectedness) and ADAPTABILITY (breathing, imaging, relaxation response, thought stopping, and assertiveness monitored by simple biofeedback) regarding values and decisions about DRUG PRACTICES specifically, and LIFESTYLE generally.

The course is about building self efficacy: adapting by deciding to share values (be "in the Navy") or reject values (not be "in the Navy").

TOWARD PRIDE AND PROFESSIONALISM: INCREASING PERSONAL RESPONSIBILITY

FACILITATOR GUIDE

Prepared Through Funds By
Navy Contract #N00244-84-D-1509
Barbara Reed Hartmann, Ph.D.
Principal Investigator

CONTENTS

Page Numbers

Session One

INTRODUCTION: WHY ARE WE HERE? 1
Dialogue: Background of Course
Dialogue: The Privacy Act
Rapport Exercise: Getting Acquainted
Dialogue: Expectations and Personal Responsibility for Learning
Dialogue: Ground Rules
Application Exercise: Self-Contract for Learning
Summary: Review of Content and Process
Worksheets: I I-1 **Background of the Prevention Program**
I I-2 **Privacy Act Statement**
I I-3 **Getting Acquainted**
I I-4 **Developing a Self-Contract for Learning**

NAVY REGULATIONS 13
Review: Why Are We Here?
Instruction: Regulations
Application Exercise: Regulations
Dialogue: Personal Responsibility and Navy Responsibility
Summary: Review of Content and Process
Worksheet: NR I-1 **Summary of Policy Documents on Drug and Alcohol Abuse**

Session Two

DRUG PRACTICES V: ADDICTION TO EXPERIENCE 19
Review: Why Are We Here?
Application Exercise: Daily Activity Log
Dialogue: Attachments and Addictions
Application Exercise: Dependency Log
Summary: Review of Content and Process
Worksheets: DP V-1 **Daily Activity Log**
DP V-2 **Dependency Log**

SELF-AWARENESS SKILLS I: UNDERSTANDING SELF THROUGH OTHERS 29
Review: Why Are We Here?
Application Exercise: Biofeedback
Centering Exercise: Beginning
Dialogue: What is Communication?
Instruction: Self-Awareness
Application Exercise: Thoughts, Feelings, and Self-Talk
Summary: Review of Content and Process
Worksheet: SAS 1-1 **Thoughts, Feelings, and Self-Talk**

Session Three

SELF-AWARENESS SKILLS II: RESPONSIBILITY FOR BEHAVIOR 41
- **Review:** Why Are We Here?
- **Dialogue:** Responsibility for Self
- **Application Exercise:** Music Video A
- **Instruction:** Communication
- **Application Exercise:** Nonverbal Communication
- **Summary:** Review of Content and Process
- **Worksheet:** SAS II-1 **Observation to Inference**

SELF-AWARENESS SKILLS III: RESPONSIBILITY FOR INTERACTION 51
- **Review:** Why Are We Here?
- **Instruction:** Listening
- **Application Exercise:** Listening
- **Instruction:** Feedback
- **Summary:** Review of Content and Process

Session Four

ATTITUDE AND VALUES CLARIFICATION I: THE GUIDING PRINCIPLES OF BEHAVIOR 57
- **Review:** Why Are We Here?
- **Centering Exercise:** Relaxation
- **Instruction:** Values and Self-Awareness
- **Demonstration:** Modeling Behavior
- **Application Exercise:** Specific Values Clarification Exercises
- **Dialogue:** Values Clarification
- **Summary:** Review of Content and Process
- **Worksheet:** AVC I-1 **Five Personal Values**

ADAPTABILITY SKILLS I: INTRODUCTION TO STRESS 63
- **Review:** Why Are We Here?
- **Centering Exercise:** Deep Breathing
- **Instruction:** Physiology of Stress
- **Instruction:** Symptoms of Stress Overload
- **Application Exercise:** Stress Log
- **Summary:** Review of Content and Process
- **Worksheet:** AS I-1 **Stress Log**

Session Five

DECISION MAKING I: DEFINING THE PROBLEM 73
- **Review:** Why Are We Here?
- **Centering Exercise:** Breathing
- **Instruction:** Model for Decision Making
- **Application Exercise:** Personal Fitness Inventory
- **Instruction:** Defining the Problem
- **Application Exercise:** Defining the Problem
- **Summary:** Review of Content and Process
- **Worksheets:** DM I-1 **Personal Fitness Inventory**
  DM I-2 **Specify the Problem**

- **DRUG PRACTICES II: ENVIRONMENTS** 83
    - **Review:** Why Are We Here?
    - **Video:** Drug Practices Collage
    - **Dialogue:** Command, Home, and Peers
    - **Application Exercise:** Peer Pressure
    - **Application Exercise:** Experience of Pressure
    - **Summary:** Review of Content and Process
    - **Worksheets:** DP II-1 **Peers and Substance Use**
    - DP II-2 **Experience of Pressure**

Session Six

- **ATTITUDE AND VALUES CLARIFICATION II: VALUES CONFLICTS** 93
    - **Review:** Why Are We Here?
    - **Centering Exercise:** Tension and Relaxation
    - **Instruction:** Values Conflicts
    - **Demonstration:** Behavior Modeling
    - **Application Exercises:** Specific Values Clarification Exercises
    - **Dialogue:** Attitude and Values Clarification
    - **Summary:** Review of Content and Process
    - **Worksheets:** AVC II-1 **Personal Values**
    - AVC II-2 **Values Conflicts**
- **SELF-AWARENESS SKILLS IV: BUILDING HELPFUL RELATIONSHIPS** 103
    - **Review:** Why Are We Here?
    - **Instruction:** Why Self-Disclose?
    - **Instruction:** Assertiveness
    - **Application Exercise:** Assertiveness Training
    - **Summary:** Review of Content and Process
    - **Worksheet:** SAS IV-1 **Assertiveness Questionnaire**

Session Seven

- **DRUG PRACTICES III: DRIVING UNDER THE INFLUENCE** 119
    - **Review:** Why Are We Here?
    - **Instruction:** Blood Alcohol Concentration (BAC)
    - **Instruction:** Consequences of Marijuana Use on Driving Performance
    - **Instruction:** The Potentiating Effects of Combined Marijuana and Alcohol Use on Driving Performance
    - **Movie:** "Until I Get Caught"
    - **Application Exercise:** Responsible Decisions About Substance Use and Driving
    - **Summary:** Review of Content and Process
    - **Worksheets:** DP III-1 **Defining a Drink**
    - DP III-2 **Alcohol Body Weight Interaction**
    - DP III-3 **Profile of a Party**
    - DP III-4 **Blood Alcohol Concentration**
    - DP III-5 **Sensing Effects**

DP III-6 Self-Contract to Drive without Drinking
DP III-7 Self-Contract for Responsible Action in a Drinking Situation
DP III-8 Handout: Local Laws Governing Intoxicated Driving

DRUG PRACTICES IV: ALCOHOL—AMERICA'S NUMBER ONE DRUG 131
Review: Why Are We Here?
Instruction: Costs, Interactions, and Effects
Debate: Alcohol Use in America
Application Exercise: Personal Use of Alcohol
Application Exercise: Becoming a Responsible Drinker
Summary: Review of Content and Process
Worksheets: DP IV-1 **Warning Signals**
DP IV-2 **Debate**
DP IV-3 **Media and Myths**
DP IV-4 **Stages of Dependency and Addiction**
DP IV-5 **Personal Guidelines for Responsible Alcohol Consumption**
DP IV-6 **Facts About Responsible Drinking**
DP IV-7 **Self-Contract for Responsible Drinking**
DP IV-8 **Self-Contract for Responsible Abstaining**

Session Eight

ADAPTABILITY SKILLS II: RESPONSES TO STRESS 149
Review: Why Are We Here?
Centering Exercise: Body Scan
Instruction: Overview of Stress
Application Exercise: Stressors
Application Exercise: Biofeedback
Summary: Review of Content and Process
Worksheet: AS II-1 Stressors

ADAPTABILITY SKILLS III: THINKING AND STRESS 161
Review: Why Are We Here?
Application Exercise: Locus of Control
Demonstration: Self-Talk, Music Video B
Application Exercise: Coping Self-Talk
Application Exercise: Thought Stopping
Application Exercise: Thought Change
Summary: Review of Content and Process
Worksheets: AS III-1 **Locus of Control**
AS III-2 **Self-Talk**
AS III-3 **Coping Self-Talk**
AS III-4 **Thought Change**

Session Nine

DECISION MAKING II: ALTERNATIVES, CONSEQUENCES, AND CHOICES 173
Review: Why Are We Here?
Instruction: Alternatives
Application Exercise: Alternatives
Application Exercise: Consequences
Application Exercise: Emotions and Decisions
Instruction: Choosing
Application Exercise: Making a Decision
Summary: Review of Content and Process
Worksheets: DM II-1 **Alternatives**
DM II-2 **Consequences**
DM II-3 **Self-Contract for Changing**

DRUG PRACTICES I: DRUG-PERSON INTERACTIONS 183
Review: Why Are We Here?
Instruction: Individual Reactions to Drugs
Application Exercise: Survey
Summary: Review of Content and Process
Worksheet: DP I-1 **Survey**

Session Ten

DRUG PRACTICES VI: WHY PEOPLE USE DRUGS 191
Review: Why Are We Here?
Dialogue: Why Use Drugs?
Application Exercise: Observation
Application Exercise: Substance User Survey
Dialogue: Outlining Life's Facets
Summary: Review of Content and Process
Worksheets: DP VI-1 **Twelve Hours Before**
DP VI-2 **Observation**
DP VI-3 **Substance User Survey**

DRUG PRACTICES VII: CONSEQUENCES OF SUBSTANCE USE 199
Review: Why Are We Here?
Dialogue: Substance Choices
Dialogue: A Timeline of Consequences of Substance Choices
Application Exercise: Consequences of Substance Choice
Application Exercise: Effects of Substance Use on Job Performance
Application Exercise: Consequences of Substance Use in the Work Area
Summary: Review of Content and Process
Worksheets: DP VII-1 **Consequences of Substance Choice**
DP VII-2 **Effects of Substance Use on Job Performance**

Session Eleven

DECISION MAKING III: MAINTAINING CHANGE 215
Review: Why Are We Here?
Application Exercise: Music Video C
Instruction: Taking Action
Dialogue: Evaluating Results
Application Exercise: Maintaining Change
Summary: Review of Content and Process
Worksheet: DM III-1 **Maintaining Change**

DRUG PRACTICES VIII: GOAL SETTING FOR CHANGE 223
Review: Why Are We Here?
Instruction: Goals
Dialogue: Dependency Log
Instruction: Helping Networks
Summary: Review of Content and Process
Worksheets: DP VIII-1 **Plan of Action**
DP VIII-2 **General Self-Contract**
DP VIII-3 **Local Helping Resources**

Session Twelve

CLOSING MODULE: REVIEW AND LOOKING AHEAD 231
Dialogue: Summing Up
Dialogue: Evaluation
Presentation: Certificates
Closing Exercise: Closure

INTRODUCTION

The overall purpose of the Navy Alcohol and Drug Safety Action Program, Level I prevention, is to reduce drug and alcohol related problems in the Navy by increasing resistance to addiction. This goal is being accomplished on both individual and command levels through the mechanism of the 36 hour course--**TOWARD PRIDE AND PROFESSIONALISM: INCREASING PERSONAL RESPONSIBILITY**--and through seminars, workshops, and briefings offered to commands to assist in developing environments which support responsible attitudes and behavior. This standardized behavioral education program is located at 37 sites around the world including 130 ancillary classroom locations, homeport and afloat.

Theory Underlying the Navy Alcohol and Drug Safety Action Program

All under- or overindulgence and under- or overstimulation from whatever sources threatens the balance and well being of the individual and requires compensatory responses.

In the milieu of unfamiliar, rapidly changing, and unpredictable environments, the everyday circumstance of Navy life, requirements for continual physical and mental assimilation of novel stimuli abound. Individuals respond uniquely within the limits of each's maturity and adaptability. Frequently, rational decision making, an intermix of routine and creative information processing, becomes blocked through a strategy of denial whereby the individual temporarily reprieves self from the total impact of current reality. This blockage allows the buildup of a firmly rooted back pressure, tenaciously defended, which, when confronted in an adversarial manner, simply deepens. As conditions arise which demand compliance, these individuals respond by reinforcing their commitment to their own beliefs.

In order to minimize the trauma of personal change, individuals commonly substitute new dysfunctional behaviors for old ones. There are a number of examples of this quite ordinary tendency to shift from one substance or behavior to another, particularly under the pressure to comply with requirements set forth by the Navy.

In the aftermath of the Zero Tolerance For Drug Use policy (February 1982), package sales of alcohol rose 40% in San Diego's Navy outlets. NAVOP 049/84 (April 1984) stated that 60% of Naval personnel reported drunkeness in the preceding 12 months. This amounted to a threefold expansion of self-reported intoxication. Additionally, there was dramatic escalation in the use of drugs not usually identifiable by Navy toxilizers--originally LSD and cocaine and recently "designer drugs"--legal substitutes for opiates, cocaine, and others which are prepared by minimal rearrangement of the molecular structure. The varieties of alterations are unlimited.

It is most common for those in treatment (Level II or III) for alcohol problems, who are required to abstain from alcohol, to quadruple their simultaneous use of sugar, caffeine, and nicotine. Similarly, persons exceeding the body weight limits often increase their intake of certain texture foods (to the point of discomfort), which they then may easily vomit to relieve their distress. The regularity of the vomiting engenders another habit pattern which in itself operates as an addiction.

Individuals having difficulties with any of these, especially alcohol, nicotine, and food, often move into physical exercise and/or ingesting vitamins to such an extreme degree that their well being remains compromised, albeit from different behavior.

The approach to these under- or overindulgences and under- or overstimulations is that all forms of substance related problems have many more similarities than differences. Specifically, these similarities include obstacles to self-esteem (a sense of confidence across diverse life situations); obstacles to self-efficacy (expectations of being able to perform in actual situations); and obstacles to coping behavior (general problem solving, effective decision making, communication skills, lifestyle engineering, and personal adaptability).

This perspective offers a powerful ethos against the above mentioned tendency to shift from one health compromising substance or behavior to another. Rather, the program provides a nurturant structure for individuals to focus attention on themselves and their singular set of problems, and not on the more abstract concepts of other people's involvement with substances. This self-awareness, along with personally relevant facts about substances and behavior, is then available to the student to manage the indulgences and stimulations that would lead to less than well being.

The Curriculum

The target of the classroom experience is to increase the awareness of the responsibility each person holds for his or her own health and well being as a member of the United States Navy. This is accomplished through a combination of instructional and application exercises. These exercises are designed to help students examine the consequences of their past and present choices and, when called for, develop self-contracts to implement behavioral change.

The methods employed amount to an experience of learning by doing. This technique recognizes that people are able to make their own decisions but become overtrained in traditional scholastic systems to rely on the "expert," the teacher, to determine how and what they learn and do. With the exception perhaps of some advanced graduate study programs and a very few other nontraditional courses, most adults are never challenged by the educational system to make decisions regarding applying new information based on their own wisdom and personal direction.

Responsibility for self and to others is emphasized throughout the course. Students who take control over their own behaviors increase the probability that they will function more effectively in both the personal and professional aspects of their lives. The process empowers participants to develop lifestyle strategies to support future identification of self as alcohol low user or non user and drug non user, through taking responsibility for self by learning to communicate effectively; adapting to the Navy environment by managing stress successfully; and recognizing the consequences of drug and alcohol use for self, other, and the Navy.

During the thirty six hours, participants explore systematic ways of adult learning including problem posing, thematic analysis, dialogue, application, and planning. These formats support students in raising their levels of personal maturity. The course is highly experiential, focusing on each individual's unique situation to include the goal setting and skill building needed to become an innovative, effective Navy professional.

The facilitator in each class is the person responsible for blending the necessary and sufficient environment for this intensive kind of learning. However, participants are accountable for the information and activities upon which their own individual learning will depend.

The aim of the classroom interaction is to introduce a practical model for how dependence develops by looking at self as exemplary. This is accomplished through twenty three modules which provide for:

1. Increasing self-awareness;
2. Expressing thoughts, self-talk, and feelings;
3. Listening to others;
4. Clarifying personal and organizational values and values conflicts;
5. Identifying sources of pressure and tension;
6. Increasing personal control and adaptation skills;
7. Applying a behavioral decision making model;
8. Demonstrating personal responsibility for lifestyle choices in the context provided by
9. Learning some facts about alcohol, other drugs, and food.

There were close to 60,000 graduates in fiscal year 1984. Ninety four percent of those graduates rated the course positively. The remaining six percent identified various elements which were problematic to them. However, people who rated the course negatively have been just as able to use the information for increased military performance as people who rated the course positively. This fact has become known with the implementation of follow up assessments at 3, 6, 9, 12, 18, and 24 months.

The substance abuse prevention literature shows that, despite the myriad of programs in place, few have been able to demonstrate any degree of success in actual prevention of substance use or abuse. This includes driving under the influence, as well as other drug and alcohol programs.

Most alcohol programs have been successful in increasing knowledge about alcohol, some in changing attitudes. To date there have been no published findings from broad-based programs showing significant changes in drinking behavior although several methodologies hold promise. In contrast to these other programs reviewed, the curriculum produces knowledge, attitude, psychosocial maturity as well as behavior change reflected by the dimensions of increased professional performance, military behavior, military appearance, adaptability, and physical fitness.

A U.S. Naval Academy graduate, formerly enlisted, career Naval Officer, who participated in the February 1985 pilot test and critique of this course, characterized his classroom experience as being a "guided tour of myself now and who I would like to be".

References

National Institute on Drug Abuse. (1984). **Drug Abuse and Drug Abuse Research: The First in a Series of Triennial Reports to Congress from the Secretary, Department of Health and Human Services.** (DHHS Publication No. ADM 85-1372). Washington, DC: U.S. Government Printing Office.

Polich, J.M., Ellickson, P.L., Reuter, P. and Kahan, J.P. **Strategies for Controlling Adolescent Drug Use.** The Rand Corporation. Santa Monica, CA: R-3076-CHF, 1984.

National Institute on Alcohol Abuse and Alcoholism. (1983). **Fifth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 84-1291). Washington, DC: U.S. Government Printing Office.

19/20

ACKNOWLEDGEMENTS

This curriculum is the first full scale iteration of the May 1983 edition. The revision process, formally begun in January 1984, followed three phases. Initially, facilitators transmitted their own comments while participants completed written evaluations. These plus all written and verbal feedback from commands, channelled through the coordinators and officers in charge of each site, were forwarded to the campus and reviewed by Navy Alcohol and Drug Safety Action Program Management Office. In March and September 1984 additional feedback was received from Dr. Jane Taylor, NMPC-63.

Out of this assortment representing 3,107 opinions, a matrix was constructed. Each category was then evaluated in light of the goals of the curriculum. The subset of feedback consistent with the goals was incorporated, anecdotal and unrelated set aside.

Adjunct to this process, I participated in twelve different classes at eleven locations to sort and focus the feedback according to student need, facilitator need, and text changes. The sites I visited were Sigonella; Naples; U.S.S. Puget Sound; Rota; Orlando; Gulfport; Meridian; Port Hueneme; Long Beach; San Diego; and San Francisco.

The second phase--videotaping--began with the pilot test July 1984 in Bremerton with Jenna Reynolds, Facilitator IV, and Laurie Westlake, Ph.D. delivering the course. This videotape was dissected and analysed in terms of curricular difficulty level for student and facilitator, the relevance of the material to both incident and prevention populations, generalizability from the classroom to ordinary living, and the ability of the curriculum to produce individual change.

In December 1984, the third draft was piloted by Mike Mangan, Facilitator IV, San Diego with a full complement of staff level participants including Cynthia Achorn, Coordinator. Karen Riley Ph.D., Solomon Grossman, Ph.D., Nancy Hubbell, M.A., and myself participated as students to prepare for fourth draft site pilots.

Nancy Hubbell, M.A., completed online and manual searches, certified the references for the glossary supporting each module including all citations and definitions.

In January 1985, San Francisco Facilitator IV, Diane Simitz paired with Karen Riley, Ph.D.; Georgia Wisniewski, Screener, Kingsville with Sol Grossman, Ph.D.; and Gail Light, Coordinator, Great Lakes, piloted with me.

The last phase of revision, the fifth draft, found Robert Rhode, Ph.D., George Adams, M.D., Ph.D.; and myself during February 1985 piloting the course for a class of Naval Academy graduates (1981-1984). This pilot had a dual purpose of assuring the curriculum for the fleet as well as noting local themes and terminology relevant for the undergraduate Naval Academy population pilot conducted in March 1985 at Annapolis. Both of these classes were videotaped and analyzed.

Concurrently with these pilots, San Diego Advanced Classroom Trainings occurred allowing Elena Beutler, Ph.D. with Mike Mangan, Facilitator IV, Len Wegiel, Facilitator IV, and Sharon Smothers, Facilitator IV; and Jim Bonk, Ph.D., R.N. with Joan Johnson, Facilitator IV, and Nancy Ann Williams, Facilitator IV, an opportunity to critique the thematic flow and modular structure.

Mary Demont, Norfolk Facilitator IV, in her duties as on the job training supervisor, piloted the sixth draft at the system's newest site, Marine Base Camp LeJeune.

Finally, Thomas Moore, Ph.D., with a class from NAVFAC Centerville Beach completed the piloting phase.

The sixth draft was handed over to Rebecca Staples, text editor, who translated my academese into the American language.

Karen Lang designed and produced all the drafts as well as the camera ready copy of The Facilitator Guide and the three versions of the Student Workbook on the word processor.

Since she joined the program, Karen Riley, Ph.D. has been the eyes for staging and directing this most comprehensive process of orchestrating, assimilating, organizing, and transforming the totality of feedback forthcoming from all sources into the pages of this Guide and the Workbooks.

Throughout this revision process, LCDR Tully Lale, San Diego, as contract Ordering Officer and now site Officer in Charge, has provided ongoing Navy-specific review and comment.

CAPT Stephen Chappell, Commanding Officer, Navy Alcohol Rehabilitation Center, San Diego enabled implementation of the full scale follow up study which evaluates program impact.

This curriculum is respectfully dedicated to
the men and women of the United States Navy,
for every reason.

Barbara Reed Hartmann

Barbara Reed Hartmann, Ph.D.
The University of Arizona
May 22, 1985

INTRODUCTION: WHY ARE WE HERE?

I. Summary of the Module

The introductory module will help participants become familiar with each other and with the course syllabus. There is a getting acquainted exercise designed to build rapport and initiate the sharing process among participants. In addition, there are discussion periods in which participants can voice their expectations and state what they would like to achieve in the class, as well as set up ground rules for the class to observe. In this module, the concept of personal responsibility is introduced, and opportunities to assume personal responsibility for learning are provided.

II. Goal and Objectives

Goal: Participants will become familiar with each other, with the format of the course, and with the concept and the experience of personal responsibility.

Objectives:

Participants will be able to learn the overall goal and three objectives of the 36 hour course.

During a getting acquainted activity, participants will interview one other class member and introduce this person to the class.

Participants will report to the class their expectations and feelings about being a member of the class.

Participants will jointly set ground rules to enable the class to run smoothly.

Participants will begin to develop an understanding of their personal responsibility for learning in class.

The participants will complete a self-contract for learning in order to achieve a learning goal during the class.

III. Outline

Introduction: Why Are We Here? (5 minutes)
Dialogue: Background of Course (5 minutes)
Dialogue: The Privacy Act (10 minutes)
Rapport Exercise: Getting Acquainted (25 minutes)
Dialogue: Expectations and Personal Responsibility for Learning (15 minutes)
Dialogue: Ground Rules (10 minutes)
Application Exercise: Self-Contract for Learning (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignments: **Questions for Supervisors**
Independent Study
Worksheet DP IV-3 **Media and Myths**
Worksheet DP VI-1 **Twelve Hours Before**
Worksheet DP VI-2 **Observation**

IV. Worksheets

Worksheet I I-1 **Background of the Prevention Program**
Worksheet I I-2 **Privacy Act Statement**
Worksheet I I-3 **Getting Acquainted**
Worksheet I I-4 **Developing a Self-Contract for Learning**

V. Key Terms

Facilitator

A facilitator is a person within the class responsible for:

1. creating a nonjudgmental environment wherein members believe and feel that they may share their thoughts and feelings;
2. helping each member share thoughts and feelings in such a way that the whole class can empathize with the experience;
3. introducing new skill possibilities and information while providing members with the opportunity to test out new skills and new ideas, and receive encouragement in the form of feedback; and
4. participating in the experience as a class member.

Self-Contract

A self-contract is a formula or outline for identifying and clarifying personal goals, methods of action, resources, barriers, and time lines. This outline functions as a written promise to oneself to do or not do something. Putting the promise in writing increases the chances that the individual will remember to work on the goal.

VI. References

1. Bandura, A. (1977). "Self-efficacy: Toward a Unifying Theory of Behavioral Change." **Psychological Review 84(2):** 191-215.

2. Bandura, A., Adams, N. E., Hardy, A. B. and Howells, G. N. (1980). "Tests of the Generality of Self-Efficacy Theory." **Cognitive Therapy and Research 4(1):** 39-66.

3. Boud, D. (Ed.). **Developing Student Autonomy in Learning.** London, England: Kogan Page, 1981.

4. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

5. Farquhar, J. W. **The American Way of Life Need Not Be Hazardous to Your Health.** New York: W. W. Norton & Co., 1978.

6. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

7. Lewin, K. "Group Decision and Social Change" in: **Readings in Social Psychology** (E. E. Maccoby, T.M. Newcomb and E. L. Hartley, Eds.). New York, N.Y.: Holt, Rinehart and Winston, 1958.

8. Rossiter, C. M., Jr. and Pearce, W. B. **Communicating Personally.** Indianapolis: Bobbs-Merrill, 1975.

INTRODUCTION: WHY ARE WE HERE?

(5 minutes)

This introductory module is the foundation of the course. It gives the facilitator an opportunity to present a brief overview of NADSAP and to model the conditions necessary for self-awareness such as constructive communication, openness to feedback, nondefensiveness, honesty, respect, and other skills mastered through facilitation training. During the module, the participants will be able to disclose their feelings and expectations and begin to interact with one another. These actions foster the process of the working group. The facilitator should use observation of these initial contacts as the basis for building and directing both individual self-awareness and group process through the communication skills introduced during the following several modules.

Dialogue: Background of the Course

(5 minutes)

The classroom experience is a different kind of classroom experience for most of the participants. Because it is different, the facilitator should give a brief description of the goals of the 36 hour course. The goals of the course are to provide prevention of and early intervention in problems with alcohol and drug use through skill building. The skills acquired in the course all rely on learning the language of personal responsibility. By learning the language of personal responsibility, the participants in the course will:

1. increase awareness of their thoughts, feelings, and behavior;
2. express their thoughts, feelings, and self-talk to others responsibly;
3. listen to others effectively;
4. clarify personal and organizational values and values conflicts;
5. identify sources of tension in their lives;
6. increase their stress management skills;
7. apply a behavioral decision making model;
8. assume personal responsibility for lifestyle choices, including those which pertain to alcohol and drug use; and
9. learn some facts about alcohol, other drugs, and food.

Much of the tone and atmosphere for the entire 36 hours develops during the initial contact participants have with one another and with the facilitator. When people walk through the door they bring with them their unique feelings, expectations, goals, needs, desires, and past experiences. Their attitudes toward attending the class will depend to some degree on how the local command views and uses it. If everyone is routinely sent to the classes for reasons of preventive education, the class probably is regarded as just another part of military training. But, where classes are used primarily for people who have committed some kind of offense, the program is more likely to be viewed negatively.

The facilitator should ask the class what they have heard about NADSAP. If there are older participants in the class, the facilitator should ask them what they have heard over the years about NASAP/NDSAP or NASAPP. When this discussion is completed, the facilitator should tell the class that there is a brief description of the prevention program in their workbooks.

Dialogue: The Privacy Act
(10 minutes)

At this time, the facilitator should address the issue of confidentiality in the classroom. The facilitator should put up a poster in the classroom which states the current Privacy Act. After this information is presented, the facilitator should lead a discussion concerning how class members want to manage the issue of confidentiality in the classroom, why confidentiality is important, and ways to maintain it. The facilitator role in confidentiality should be explained here. Since some of the students may live and work together, this issue is of paramount importance to the classroom experience. After the students have decided how they want to handle confidentiality, the facilitator should write these decisions on another piece of poster paper with the heading, Ground Rules, and keep these Ground Rules posted for further elaboration when this section is facilitated later in the Introduction.

Rapport Exercise: Getting Acquainted
(25 minutes)

The facilitator should ask participants to pair off with someone they do not know well. Refer class members to Worksheet I I-3, **Getting Acquainted**, and ask them to use this worksheet for their interviews. They will be allowed fifteen minutes to interview one another and will then report to the class on what they have learned about the other person. The purpose of this exercise is to begin to develop the participants' recognition of the experienced difference between speaking for oneself (making "I" statements), letting others speak for self, and speaking for others. Participants will begin the process of self-disclosure within a time limited and conventionally structured format. The facilitator should observe how each participant goes about introducing a partner in order to assist each person in learning facilitative communication.

The questions on Worksheet I I-3, **Getting Acquainted**, are:

1. How would you like to be addressed during the class?
2. What kind of work do you do?
3. What do you do after work?
4. How do you feel about your work?
5. How do you feel about your relationships with others?
6. What kinds of things excite you (for example, hobbies and interests)?
7. What kinds of things are problems to you?
8. What kind of life do you want to have?
9. What are three things that you like about yourself?
10. What else would you like the class to know about you?

Note: Facilitators should learn prior to the class if there is a guiding policy by the command in the matter of how participants in the class are addressed.

Participants can use their own questions or any of the above questions in order to get to know their partners better. After time is called, each person will introduce a partner to the class by sharing the facts learned about the other person. A brief discussion can be conducted which focuses on participants' experiences during this exercise. The following open ended questions will assist in shaping the discussion:

1. How did you feel when you told someone about yourself?
2. How did you feel when the other person listened to you?
3. How did you feel when you were listening to the other person introduce you?
4. What did you learn about yourself from this exercise?

Note: If group members act disrespectfully to other participants, the facilitator can address these actions using these kinds of questions:

1. How does it feel when information about yourself is ignored?
2. How clearly can the real you be portrayed? If you are willing, please elaborate.

Alternate Rapport Exercise: Getting Acquainted
(25 Minutes)

The facilitator should ask participants to pair off with someone they do not know well. They will be allowed ten minutes to introduce themselves to each other, telling at least three things they like about themselves. After the time has elapsed, the facilitator should assist each pair in joining with another pair. For the next fifteen minutes, the members of these small groups should become familiar with one another assuring that what each one likes about himself or herself takes central focus.

The large group should then reassemble and members of each original pair introduce one another to the group by sharing what was learned about the partner.

A brief discussion can then follow which highlights participants' experiences during the exercise. The following open ended questions will assist the group in recognizing the process experienced.

Note: Facilitators should take care and manage this activity so that individuals who wish to maintain their privacy and distance are respected.

1. What expectations did you have just after learning what the exercise was about? How close did your expectations come to what you are thinking now?
2. How did you feel when you were selecting a partner?
3. How did you feel when you told the three things you like about yourself? How are these feelings the same or different from your feelings when you gave general facts about yourself (for example, your rank/rating, where you live, where you are from, where you have been stationed, and others)?
4. What did you feel when you joined the new pair and began reintroducing yourself?
5. What did you say that you now wish you had not said?
6. What did you not say that you now wish you would have said?
7. What was it like to be introduced to the large group?
8. What did you learn about yourself from the exercise?
9. How do you feel right now?
10. What are you thinking right now?

This exercise adds a layer of repetition of both general facts and things participants like about themselves. The purposes of this exercise are to examine how expectations are related to outcome; to look at the differences between giving general facts about self and disclosing positive aspects of self (an experience usually quite difficult for persons having negative self-images); to become aware of feelings occurring when being introduced; and to consider other aspects of self and group awareness.

Dialogue: Expectations and Personal Responsibility for Learning
(15 minutes)

The facilitator should make a statement to the class similar to the following: "Now that you know a little about the NADSAP program and each other, I'd like to hear your feelings and expectations about being in this class." The following questions may help spark this discussion:

1. How did you feel when you walked through the door?
2. How are you feeling now?
3. What do you expect to happen in this class?
4. What would you like to happen?
5. By the end of the course, what would you like to know?
6. What would you like to change about yourself?
7. How likely is it that you will learn something new here?

Note: The facilitator can share personal feelings and expectations at this time also.

After participants have had a chance to disclose their expectations and feelings, the facilitator should lead a discussion of the information which surfaced. For example, the facilitator can comment on the following:

1. similarities and differences in participants' feelings and expectations;
2. the process which occurred in the class during the discussion (for example, did people interrupt each other?); and
3. how it feels to talk in front of the class.

The facilitator should again emphasize that the format of the NADSAP course is different from other courses in the Navy. Participants are expected to take personal responsibility for their learning. This includes identifying what they need to do during the week in order to meet their own expectations. Participants will get out of the class what they put into it.

After the class has addressed this issue, the facilitator should point out that one way of assuming personal responsibility for the classroom experience is to establish mutually acceptable ground rules.

Dialogue: Ground Rules
(10 minutes)

Ground rules are guides to acceptable behavior and are usually established at the outset of a class. These rules are necessary so that the rights of individuals are protected and so that the class operates with few problems. In most cases, ground rules are developed by the members of the class since they will have to comply with them. However, local commands and the site probably have established some rules which apply to NADSAP classrooms (for example, on smoking or eating during class, on wearing uniforms to class, on use of drugs/alcohol during the period covered by the class, and others). These rules need to be explained to and discussed by the class in order that each group participates in the development of its ground rules.

The facilitator should address the Program's expectation for compliance to all ground rules and note that it is each person's responsibility to be aware of and to follow the rules that have been established. The facilitator should be aware that he or she is a role model and that support of the commanding officers' specific policies for their personnel will assist group members to demonstrate respect for Navy policies.

While establishing ground rules, the facilitator should write down each one as it emerges, on newsprint which will be posted, or on chalkboard which will not be erased. These rules should be posted so that they remain visible to the group for the rest of the week. Participants can write the ground rules in their notebooks.

Application Exercise: Self-Contract for Learning
(15 minutes)

At this time, the facilitator should refer the students to Worksheet I I-4, **Developing A Self-Contract For Learning**, and describe it as a means whereby participants are assured that they will accomplish at least one goal as a result of being in the class. The facilitator should tell the class that writing a self-contract helps to define a realistic and manageable goal, solidifies a commitment to change, and enlists the aid of a helper in making that change. Self-contracts, designed for an interval of a week or two, are helpful because short term goals are more readily attained than long term ones. A person can review his or her progress daily and revise the contract if experience suggests that changes are needed.

The facilitator should generate a discussion about the self-contract in order to assist participants in identifying what they would like to learn from the course. The facilitator can develop a sample self-contract on the board or newsprint to clarify the task. Participants can complete their self-contracts at the end of this module or as a homework assignment. Whichever way the facilitator assigns the self-contracts, time should be made available in the classroom for the discussion of individual goals.

Summary: Review of Content and Process

(5 Minutes)

At this point, the facilitator should review what happened in the class during this module. This review is to assist participants in conceptualizing how they have proceeded since beginning the class. Appropriate process comments related to content will provide positive bases for the continuing interaction.

Assignments

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

At the end of the first day, the facilitator should make the assignments to the students. Students are expected to complete some work outside the classroom during the week and to bring that work back into the class toward the end of the week.

The facilitator should refer the students to the **Assignments** worksheet in the Student Workbook and go over the following assignments:

1. **Media and Myths,**
2. **Twelve Hours Before,**
3. **Observation,**
4. **Questions for Supervisors, and**
5. **Independent Study.**

The assignments are to be processed in class in the following modules:

1. **Media and Myths**: Drug Practices IV, Alcohol--America's Number One Drug;
2. **Twelve Hours Before**: Drug Practices VI, Why People Use Drugs;
3. **Observation**: Drug Practices VI, Why People Use Drugs;
4. **Questions for Supervisors**: after every module;
5. **Independent Study**: Drug Practices VIII, Goal Setting for Change.

NAVY REGULATIONS

I. Summary of the Module

The main purpose of this module is to familiarize participants with Navy regulations concerning the use of drugs and alcohol. A secondary purpose is to develop recognition of the values conflict between persons whose actions violate Navy policy and the institution of the Navy. This conflict is clearly demonstrated by the fact of the Navy policy of "zero tolerance" for abuse and the fact of the number of career minded individuals who may use drugs and/or make a habit of getting drunk, operating a vehicle or machinery under the influence of alcohol, drinking during the work day, or other potentially abusive behavior. The worksheet which accompanies this module summarizes the various drug and alcohol policy statements which affect Navy personnel. The module also uses discussion and a thinking exercise to help participants explore the logical basis for regulations. The final discussion in the module explores the relationship between personal responsibility and Navy regulations.

II. Goal and Objective

Goal: As a step toward internalizing personal responsibility for their own comportment and consequent well being, participants will accept the Navy's overall policy concerning the use of drugs and alcohol among its members.

Objective:

Participants will devise their own definitions of regulation and personal responsibility.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Regulations (35 minutes)
Application Exercise: Regulations (25 minutes)
Dialogue: Personal Responsibility and Navy Responsibility (20 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet NR I-1 **Summary of Policy Documents on Drug and Alcohol Abuse**

V. References

1. Dubos, R. **Celebrations of Life.** New York: McGraw-Hill, 1982.
2. Goffman, E. **Relations in Public.** New York: Harper & Row, 1972.
3. Knowles, J. H. (Ed.). **Doing Better and Feeling Worse.** New York: W.W. Norton & Co., 1977.
4. OPNAVINST 5350.4. November, 1982.

NAVY REGULATIONS

Just as participants have developed different values regarding drugs and alcohol based on their unique histories, the Navy has also developed its own values about the use of drugs and alcohol based on its history. This module gives participants an opportunity to become familiar with, and react to, current alcohol and drug policies which grew out of Navy values. Also, individuals will examine their own drug and alcohol use patterns to identify individual and/or command values conflicts with Navy policy.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Regulations
(35 minutes)

The facilitator should tell the participants to turn to Worksheet NR I-1, **Summary of Policy Documents on Drug and Alcohol Abuse**, in their notebooks. The following outline and open ended questions can help the facilitator provide structure to the discussion of this worksheet:

1. What are regulations? Why do we have regulations and what purpose(s) do they serve?

Example: Regulations are behavioral qualities or values which some or most of the members of a group agree upon. Without some kind of consensus about acceptable behavior, the workings of the group become more difficult and group goals may not be achieved.

2. How do regulations get developed for the Navy? After listing the group's answers, the facilitator should ask participants to think of the different groups to which they belong. They may also be members of social organizations, churches, professional organizations, and so forth. The facilitator can then ask the participants to think about who suggests and enforces the regulations for the other groups to which they belong. Parallels between the

information offered about other groups and the Navy should be drawn in order to emphasize that groups are dependent upon their members for goal attainment.

3. What factors must be considered when regulations are being established?

   Example:
   - a. the purpose of the regulation;
   - b. protection of individual rights;
   - c. protection of property; and
   - d. practicality (for example, the enforceability of the regulation).

4. The facilitator should give participants a chance to speculate and hypothesize about the origin of the Navy's regulations concerning alcohol and drug use and abuse.
   - a. What is the purpose of these regulations?
   - b. Why are these kinds of regulations necessary in the Navy?

Application Exercise: Regulations

(25 minutes)

The facilitator should tell the participants that they are going to conduct a class experiment. The participants are to imagine that they are in charge of some part of the Navy. For example, students can imagine that they are commanding officers of a duty station. The facilitator should allow a few minutes for participants to concentrate on their roles as Navy commanding officers. Then, the facilitator should ask participants the following questions, while they are still concentrating on their roles. (Do not discuss the questions until after this part of the exercise.)

1. Why is it important to you (as a supervisor) that the people in your command not use drugs and, if they drink, drink responsibly?

2. How would you handle it if you discovered that someone under your command had been arrested for a DWI/DUI? What if someone had a positive urinalysis for marijuana?

3. What would you say to your command if you were asked to speak to the group on the importance of zero tolerance of drugs?

Following this exercise, the facilitator should lead a discussion regarding what participants experienced while they were imagining themselves to be commanding officers. The discussion should focus around these questions:

1. How did you feel when you were "in charge" and had to deal with issues of alcohol and drug use and abuse?

2. How do you feel now about the Navy's regulations regarding drugs and alcohol?

Note: Depending on the needs and progress of the class, the following activities may be used after the above exercise instead of the class discussion.

Ask if there are several members of the group who would be willing to take part in a role play. Instruct these participants to form a command in which all members become acquainted with the information in Worksheet NR I-1 **Summary of Policy Documents on Drug and Alcohol Abuse.** Participants should then use role plays to demonstrate how real Navy situations revolving around issues that arise from this worksheet could be handled. For example, participants could role play what would happen if one person in their command repeatedly arrives late for work, with a hangover, and is unable to work effectively.

Dialogue: Personal Responsibility and Navy Responsibility
(20 minutes)

The facilitator can promote participant exchange using the following questions as a guide:

1. What is a responsible person?

   Examples: Someone who is accountable for his or her own behavior.

   Someone who is willing to take the consequences for his or her actions.

2. How do you know when someone is demonstrating personal responsibility?

3. What are your responsibilities to yourself? to others? to the Navy?

4. What is the relationship between personal responsibility and regulations?

5. What is responsible behavior regarding drugs and alcohol within the Navy?

6. What commitment to yourself and to the Navy are you willing to make regarding your alcohol and drug use?

Alternative Dialogue: Personal Responsibility

Using the same questions as a guide, the facilitator can break the class up into three or four groups and ask each group to answer the questions. The facilitator can ask each group to write their answers on a large piece of newsprint. When the large group reconvenes, the facilitator can ask one person from each group to state and demonstrate the answers each group determined.

Summary: Review of Content and Process
(5 minutes)

The facilitator should briefly review the self-contracts of members within the context of the role play to reinforce the importance of being honest with self regarding drug and alcohol use.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES V: ADDICTION TO EXPERIENCE

I. Summary of the Module

This module on lifestyle choice practices provides the theoretical framework for the course and emphasizes how individuals may become addicted to different kinds of experiences, not just those associated with alcohol and drug use. The **Daily Activity Log** exercise gives participants an opportunity to inventory their everyday life in order to determine what experiences might be addictive for them. Finally, participants may begin to suggest appealing and beneficial alternatives to addictive behavior.

II. Goal and Objectives

Goal: Participants will examine their daily routines to identify those upon which they may be dependent. Participants will compare the experience of their preferred activity to the experience of their use of foods, drugs, or alcohol in order to develop other effective coping behaviors for the present and the future.

Objectives:

Participants will become familiar with the concept of addiction to experience.

Participants will complete the **Daily Activity Log.**

III. Outline

Review: Why Are We Here? (5 minutes)
Application Exercise: Daily Activity Log (15 minutes)
Dialogue: Attachments and Addictions (50 minutes)
Application Exercise: Dependency Log (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP V-1 **Daily Activity Log**
Worksheet DP V-2 **Dependency Log**

V. Key Terms

Addiction

Addiction comes from the Latin root, addictus, meaning "given over, one awarded to another as a slave." Addiction, in current usage, means the process through which one comes to depend physically, psychologically, or socially upon a very limited set of options to handle his or her life. A person may depend on alcohol to the point that it interferes with personal, family, social, or occupational functioning. Alcohol then has become the major coping strategy, to the exclusion of everything else. It is possible to be addicted to almost anything; if a substance or experience meets the conditions of reducing other options and interfering with personal, family, social, or occupational functioning, the term addiction may apply.

Behavior

A behavior is anything that a person can actually see someone do. Behavior is sometimes referred to as observable behavior just to emphasize the fact that if the behavior cannot be seen, a person cannot be sure what is happening.

Example: If a person saw someone holding a book opened to a particular page and looking at that particular page, one could describe that behavior. "The person was holding a book opened to a particular page, and was looking at that particular page." Is the person reading and understanding? One could guess that the person was probably reading, but could have been daydreaming, staring blankly, or anything else.

Feeling

A feeling is an awareness of an emotion. Often a person experiences a feeling even before finding words to describe it. That is the nature of feelings. As one becomes more self-aware, able to identify feelings when they are happening, one learns to describe feelings better. Words often seem vague and imprecise ways of describing what one feels. With practice, however, it becomes easier to be aware of feelings and to describe them to others.

Homeostasis

Homeostasis is the point of equilibrium which is achieved, maintained, and continuously restored.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism. ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew."). There can be a big difference between what was said and the individual's self-talk about it.

Setpoint

Setpoint is the value maintained by an automatic control system.

Trigger

Trigger refers to the internal or external cue or set of cues that precede and elicit the behavior of substance use or addictive behavior.

VI. References

1. Dole, V. P. (1980). "Addictive Behavior." **Scientific American** (December): 138-154.

2. Dubos, R. (1978). "Health and Creative Adaptation." **Human Nature** (January): 74-82.

3. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

4. Miller, J. **The Body in Question.** New York: Vintage Books, 1982.

5. Peele, S. **Love and Addiction.** New York: New American Library, 1976.

6. Peele, S. (1977). "Redefining Addiction: I. Making Addiction a Scientifically and Socially Useful Concept." **International Journal of Health Services** 7(1): 103-124.

DRUG PRACTICES V: ADDICTION TO EXPERIENCE

This module focuses on the notion that people can be addicted to the experiences caused by specific activities, and not just to the experiences provided by the use of alcohol or drugs. When a person is addicted to an experience, he or she chronically or compulsively seeks out that experience especially when faced with feelings of anxiety, boredom, loneliness, other kinds of discomfort and sometimes when feeling elated or energetic. The person, then, consciously or subconsciously becomes driven toward molding life around the valued feelings and experience. This increasing attachment to a single event serves to prevent the individual from developing other strong lifestyle interests. Everything is dependent upon the person's need for the experience. Whether the activity is work tasks, eating, running, meditation, drinking alcohol, taking drugs, or any other, persons are addicted if they do not control when they start or stop the activity. This lack of control appears to be a common feature of the total category of compulsive ritual behaviors which provide an initial experience of pleasure followed by a negative emotional state. The negative emotional state, then, is the precursor for repetition of the behavior which will again provide the pleasure.

Repetition of the specific behavior, and in some cases just thinking about the behavior, causes changes in the rate of firing of neurotransmitters in certain pathways of the brain until the person experiences satiation. The more rapid the rate of firing, the more intense the experienced feeling. The slower the rate, the more relaxed and detached. Individuals will repeat the behavior in accordance with how they wish to feel.

Given that the body is the medium of all personal experience and the instrument of action, some understanding of its physiology may help clarify how the body maintains itself as a basis for understanding how an individual may become addicted to an experience.

Each person has an automatic self-regulating system which keeps the continuous internal bodily processes operating at the level required for health. This process is called **homeostasis**. An example of this is that upon starting to exercise, the heart automatically speeds up to supply working muscles with blood. As exercise ends, the heart automatically reduces its rate. A sign of a potential problem comes when the heart takes a long time to slow down. Another example is that as a person becomes overheated, the blood vessels in the skin expand, whereas when cold the vessels contract. A person may eat one meal which includes a lot of sugar, with very little in the next meal. Yet the blood sugar level remains relatively constant all day. What are some other examples?

Another concept that helps the understanding of addiction to experience is **setpoint**. Setpoint refers to the actual position or location of the individual's balance. An example of this is body weight--with the intake of food and nutrients, in the context of the individual's level of activity and metabolism, a particular weight with minimal fluctuations up and down is maintained.

The principles of homeostasis and setpoint can be used to picture the relationship between an individual's mood, need for stimulation, and substance use. The assumption here is that all systems--physiological, psychological, and interpersonal--seek a state of balance and equilibrium through a homeostatic process. The individual's baseline or ordinary level in each system is the setpoint.

The facilitator can elicit some examples of how these might apply to behavior such as the sleep-wake cycle, hunger, and exercise.

With mood states, individuals maintain their usual (baseline) level, above and below which their ordinary moods fluctuate. Most people experience moderate ups (euphoria) and downs (depression) and do not intervene drastically in their cycles. On the other hand, some individuals begin to alter their moods through the use of alcohol, drugs, food, exercise, or other behaviors which cause a change. The frequency, extent, and consequences of mood alteration are the data for understanding how the individual becomes addicted to an experience. There are three ways to voluntarily alter biological setpoints: exercise, relaxation, and drugs.

This module will help participants inventory their daily lives to see if they have come to depend too much on any one particular activity or set of activities for avoidance of responsibility, relief of discomfort, or extraordinary enhancement of pleasure.

Review: Why Are We Here?
(5 minutes)

Before beginning this module the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Application Exercise: Daily Activity Log
(15 minutes)

The facilitator should introduce Worksheet DP V-1 **Daily Activity Log**, as a tool for tracking behavior. The facilitator should have participants fill in the **Daily Activity Log** before any discussion begins. The facilitator should encourage the students to account not only for duty time, but also for free time each day during a typical week (before work, during lunch, and after work), and to be specific about their activities. The facilitator can have students fill out the **Daily Activity Log** over lunch, in class in the large group, or in small groups, or as a homework assignment. If the students work in small groups, the facilitator should ask for a volunteer to represent the group and report back to the large group when the worksheets have been completed. After class members have completed the worksheet, the facilitator should process the activity using the discussion below.

Dialogue: Attachments and Addictions
(50 minutes)

When people are addicted to an experience, they depend and focus almost exclusively upon the activity that creates that experience to provide pleasure or relief from some type of discomfort or to enhance excitement. Therefore, within this framework, persons can become addicted to gambling, watching television, falling in love, eating, sleeping, shoplifting, religious practices, sexual practices, running, meditating, playing video games, cleaning house, or to any other activity that provides a "high." When persons are deprived of an activity to which they are addicted, they experience anxiety, panic, physical illness, and exaggeration of the particular feelings of imbalance that resulted in their initial involvement in the activity. Individuals' reactions to not performing the activity are remarkably similar to the experience of withdrawal from alcohol and drugs. The facilitator should solicit some effects of withdrawal (for example, hangovers, the shakes, the chills, and other symptoms such as restlessness, fatigue, boredom, and insomnia among others).

The facilitator should ask students the open ended questions listed below. This discussion can help participants explore what experiences they might be addicted to and what types of imbalance the addictive experience removes.

1. What information on your **Daily Activity Log** indicates that you are doing something other than you would like to do?

2. What do you think about, or say to yourself, just prior to doing that activity?

3. How do you feel just prior to that activity?

4. What do you think about, or say to yourself, when you are involved in that activity?

5. How do you feel during the activity?

6. How are those thoughts and feelings similar to your thoughts and feelings when you are getting high on alcohol or drugs?

7. How do you feel, what do you think about, or what action do you take when you are deprived of that activity?

8. In general, how is your activity like a dependence on alcohol or other drugs?

9. How is it different?

10. What other activities or experiences would you like to have, but just do not seem to get around to or do not seem able to achieve?

If the students have already begun to report some new awareness about their routines, the facilitator can note that there seems to be some possibilities being suggested for changes already as a result of just one new awareness. Often, persons dependent on purely passive activities, such as watching soap operas or sports on television, may be using their viewing as a way of avoiding direct involvement in interpersonal relationships or in intramural sports events, not to mention avoidance of thoughts and feelings.

In a similar way, some people use their loneliness as an excuse for avoiding close interpersonal relationships and intimacy. Those persons frequently find enjoyment in the alternatives of social clubs, leadership and/or personal growth seminars, or courses at local colleges during off duty hours as methods of practicing making friends or ways of meeting interesting people with similar interests.

The point here is that addicting activities eventually lose their pleasurable aspect. Regardless of this, persons who are addicted to those experiences repeat the behavior over and over (compulsively). The only pleasure provided by the repetition is avoidance of the discomfort the person feels if he or she does not perform the activity.

Application Exercise: Dependency Log
(15 minutes)

In order to identify the role a particular activity or substance plays in an individual's life, it is useful to track the use of that behavior over a period of time. The facilitator should ask the students to turn to Worksheet DP V-2, **Dependency Log,** and fill in the first three blanks: the behavior the student wants to track, the number of times used each day, and the amount used each time.

After the students have filled in these blanks, the facilitator should ask them to complete the rest of the worksheet. The students can track their use of a particular substance for the duration of the 36 hour class, or they can track their elimination of the use of a substance for the 36 hours.

The facilitator should discuss the terms on the worksheet. On this worksheet, Trigger is defined as the internal or external cue or set of cues that precedes and elicits the behavior of substance use. For example, the smell of food cooking may elicit your desire to eat. Watching your friends drink beer, talk, and laugh may precede your drinking beer. On this worksheet, Behavior is defined as what you do when you use the substance itself. The facilitator should indicate to the students that they will be working on the **Dependency Log** for the rest of the course.

Summary: Review of Content and Process
(5 minutes)

The facilitator should point out that persons who are willing to assess themselves and their lifestyles often find that the resulting self-awareness allows new ideas which leads to trying new experiences that often produce a kind of excitement--a kind of high. Note any self-disclosures or personal experiences which demonstrate this point.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

SELF-AWARENESS SKILLS I: UNDERSTANDING SELF THROUGH OTHERS

I. Summary of the Module

Self-Awareness Skills I begins the skill building portion of the course. The self-awareness skills are necessary for effective communication throughout the remaining sessions. They are also a prerequisite to successful adaptation and well being. In fact, they are the "boot camp" of successful living. Participants are introduced to an external source for self-awareness concerning their body temperature and how it changes over time. The correlation between the temperature of the hands and the individual's inferred level of relaxation is introduced. A centering exercise designed to increase participants' inner self-awareness--a preliminary step in communication--follows. The instructional part of the module focuses on a definition of communication and on the role which communication plays in self-awareness. Finally, the module includes an application exercise which demonstrates how communicating one's thoughts and feelings influences self-awareness.

II. Goal and Objectives

Goal: Participants will examine their present interactional patterns and identify the changes necessary to insure that they are communicating effectively. By recognizing that self-awareness is enhanced through constructive communication with others, participants will be able to decrease interpersonal problems and misunderstandings and the consequent rationalizations, such as denial, frequently associated with drug use, alcohol misuse, and eating problems.

Objectives:

Participants will learn to use a simple biofeedback device to monitor the changes in their body temperature.

As a method of increasing self-awareness, participants will be able to identify thoughts, feelings, and self-talk in twelve interpersonal situations.

III. Outline

Review: Why Are We Here? (5 minutes)
Application Exercise: Biofeedback (10 minutes)
Centering Exercise: Beginning (15 minutes)
Dialogue: What is Communication? (10 minutes)
Instruction: Self-Awareness (15 minutes)
Application Exercise: Thoughts, Feelings, and Self-Talk (30 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet SAS I-1 **Thoughts, Feelings, and Self-Talk**

V. Key Terms

Behavior

A behavior is anything that a person can actually see someone do. Behavior is sometimes referred to as observable behavior just to emphasize the fact that if the behavior cannot be seen, a person cannot be sure what is happening.

Example: If a person saw someone holding a book opened to a particular page and looking at that particular page, one could describe that behavior. "The person was holding a book opened to a particular page, and was looking at that particular page." Is the person reading and understanding? One could guess that the person was probably reading, but could have been daydreaming, staring blankly, or anything else.

Belief

A belief, in its broadest sense, implies that a person accepts something as true whether it is based on reasoning, prejudice, emotion, or authority. A belief usually consists of an object and some characteristic or attribute of the object, such as "All drug users started by smoking pot.". A belief usually sounds like a fact or a piece of information.

The important issue is that a belief is something that a person thinks is true. A person will only examine and possibly change beliefs in an encouraging environment that feels safe.

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Denial

Denial is a restructuring of perceived internal or external conditions in order to change thoughts, experiences, or actions. Frequently, the motive is to reduce the impact of--or avoid--expected consequences.

Feeling

A feeling is an awareness of an emotion. Often a person experiences a feeling even before finding words to describe it. That is the nature of feelings. As one becomes more self-aware, able to identify feelings when they are happening, one learns to describe feelings better. Words often seem vague and imprecise ways of describing what one feels. With practice, however, it becomes easier to be aware of feelings and to describe them to others.

Inference

An inference is a conclusion that a person draws from observable behavior.

Example: A person comes to work ten minutes late, with wrinkled and stained clothes, alcohol on his or her breath, and has red eyes. The behavior is not debatable. This person is late for work. The supervisor makes the inference (interpretation) on the basis of appearance that this person is drunk. Can the supervisor be sure? No. It is possible that something else is going on, although not very likely.

Rationalization

Rationalization is the process of justifying one's behavior (actions, attitudes, or beliefs) by offering only socially acceptable reasons for it, in order to avoid disclosing the authentic reasons.

Self-Awareness

Self-awareness is the result of a process through which a person examines himself or herself in an effort to be more aware of how he or she feels, thinks, and acts. It does not mean that a person must change just because of this increased awareness. It does mean that one has the information about thinking, feeling, or behaving which will allow for the decision to make any changes or to continue doing the same thing(s).

Self-Confidence

Self-confidence is a result of a process through which individuals develop a sense of control over themselves and, to some degree, over the environment.

Self-confidence is usually developed as the person:

1. learns skills to help get what he or she wants;
2. learns skills to cope with situations where his or her needs cannot be met;
3. puts those skills into practice; and
4. has some successful experience with those new skills.

Self-Efficacy

Self-efficacy is a measure of an individual's expectation of being able to perform effectively in a specific situation. The individual experiences a sense of well being which is often reflected in self-talk, such as "I know I can handle it;" "I've been successful in this before I'll be successful now;" "I have never been able to succeed in this before, but I am ready now to tackle it, and I know I can do it."

Self-Esteem

A person with self-esteem respects himself or herself as a person who:

1. has a wide array of life skills from which to choose;
2. is willing to use these skills effectively, and
3. is willing to cope when things do not go as planned.

This does not mean that if a person has high self-esteem things never go wrong. It does mean that no matter what happens, the individual will use skills that are appropriate to get through the situation.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism. ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew.") There can be a big difference between what was said and the individual's self-talk about it.

VI. References

1. Bandura, A. (1977). "Self-efficacy: Toward a Unifying Theory of Behavioral Change." **Psychological Review 84(2):** 191-215.

2. Dubos, R. (1976-77). "The Despairing Optimist." **The American Scholar** (Winter): 10-18.

3. Jessor, R. and Jessor, S. L. (1975). "Adolescent Development and the Onset of Drinking." **Journal of Studies on Alcohol 36(1):** 27-51.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. McKay, M. Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.

6. Medical Device Corporation, 1555 Bellefontaine, North Drive, Indianapolis. Indiana, 46202. (317) 637-5776.

7. Meichenbaum, D. H. and Cameron, R. (1974). "The Clinical Potential of Modifying What Clients Say to Themselves." **Psychotherapy: Theory, Research and Practice 11:** 103-117.

8. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

9. Rogers, C. R. (1975). "Empathic: An Unappreciated Way of Being." **The Counseling Psychologist 5(2):** 2-10.

SELF-AWARENESS SKILLS I: UNDERSTANDING SELF THROUGH OTHERS

Self-Awareness Skills I forms the groundwork for the entire discussion of interpersonal skills by focusing on the relationship between self and communication about self. In this module, participants will increase their self-awareness, a prerequisite to improving their relationships. By knowing themselves, participants will be able to interact more directly and truthfully with others. This kind of class interaction is necessary if participants are to gain the greater self-awareness required to benefit from the classroom experience and to apply the skills learned after the class is completed.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Application Exercise: Biofeedback

(10 minutes)

At this time, the facilitator should pass out the **Biodots** (Registered Trade Mark*) and instruct participants to place them in the area between the thumb and forefinger. **Biodots*** are miniature thermometers which will measure body temperature and display a correspondent color. Whenever a person receives information about a bodily function, that function may come under conscious control by the individual. Through thinking, the individual creates whatever change there is. Generally, the more relaxed a person is, the warmer his or her hands will be because of increased blood flow to the extremities. The importance of keeping one's extremities warm lies in the fact that during stress, blood tends to shift away from the hands and feet and gastrointestinal system toward the head and trunk.

The facilitator should explain that a **Biodot*** indicates changes in temperature by changing color. The temperature range of these dots is from 89.6 degrees Fahrenheit to 94.6 degrees Fahrenheit. Any temperature below that range will turn the dots black. The **Biodot*** will remain violet or deep purple at temperatures above the stated range. Within this prestated range, brown (amber) is the coolest visible reading, and a deep violet is the warmest visible reading.

The facilitator should put the following color sequence and temperature chart on the board:

AMBER.	**89.6 F**	**TENSE**
YELLOW.	**90.6 F**	
GREEN.	**91.6 F**	**AVERAGE**
TURQUOISE.	**92.6 F**	
BLUE.	**93.6 F**	
VIOLET.	**94.6 F**	**VERY RELAXED**

Students should be told that the **Biodots*** can be used as an indicator of stress in the body. The facilitator should ask the students to note any changes in their **Biodots*** after completing the centering exercise below.

Centering Exercise: Beginning
(15 minutes)

The purpose of this exercise is to increase self-awareness. When people are in contact with themselves, they can communicate their thoughts, feelings, intentions, and actions more candidly. The facilitator should give participants the following instructions:

> "Sit quietly, with your eyes closed, and listen to all the sounds that surround you. Give equal attention to each of them, no one sound being more significant than any other. Do not analyze or become attached to any one sound. Hear the noises in the room at the same time you hear your breath, [the facilitator should enumerate the sounds present in the immediate environment such as a car passing outside, distant music, voices, and so forth.] Say to yourself, 'I am aware of all the sounds that surround me.'
>
> "When your thoughts begin to surface, listen to them. Let yourself experience everything that comes into your mind: feelings, sounds, smells, moods, your body, and memories. Let your thoughts wander freely. Do not force them, analyze them, judge them, or become attached to any of them. Give all of your thoughts equal attention. Try to be impartial.
>
> "Note that your mind is the source of all your thoughts and that you are able to step back from your thoughts and observe them objectively without

judging or changing them. Accept your thoughts as they occur. Say to yourself, 'I am aware of my thoughts, my perceptions of my environment, and my body and feelings. In this moment and this place I am experiencing these things. I have my own life, and I am experiencing it right now.'

"Continue this accepting awareness of your thoughts and perceptions for a few minutes. [The facilitator should pause here.] Then, review this experience. What kind of thoughts tended to occupy your mind? What spontaneous thoughts occurred? Which thoughts indicated what kind of person you are, what you can and can't do, what you should and shouldn't do, and so forth? Remember that you are more than these thoughts and perceptions. You are the one who is experiencing them from a relaxed, alert, impartial position. It is worthwhile, perhaps even critical, to know and accept yourself more fully.

"Now, gradually let your awareness return to this room, open your eyes and stretch."

After a pause, the facilitator should ask students the following questions:

1. What color is your **Biodot***?
2. What spontaneous thoughts came to mind?
3. Which thoughts indicated how you see yourself?
4. What thoughts did you find yourself trying to remove or block from your mind?
5. What did you discover about yourself from this exercise?

Dialogue: What is Communication?

(10 minutes)

This part of the module focuses on the meaning of communication. The facilitator should solicit students' definitions of communication and write them on the board. These definitions may include the following:

Communication is expression about oneself and learning about others and the environment.

Note: The facilitator should assist students in developing the following ideas:

Whatever the goals in people's lives, they will find it advantageous to learn to communicate more effectively. When interviewing for jobs, people need to communicate their skills, intelligence, and desire to work in order to compete. When involved in love relationships, individuals need to communicate their feelings and needs in order to give and to gain the greatest possible satisfaction. When working, people need to communicate their ideas in order to be utilized by their command or department.

In order for communication to occur, some meaning must be relayed or shared between people. Communication is interdependent, since a change in any one element in the process can alter all other elements of the process. In other words, the entire relationship between two people can change as a result of only one message. Communication skills help increase the ability to manage the shape and direction of relationships. Communication skills also help to express beliefs and decisions more clearly. For example, in this class and afterward, individuals will be able to share beliefs and feelings about using drugs and alcohol which will serve as a basis for responsible decision making.

In order to communicate, people must first identify what they want to share with others. Although they may frequently want to communicate some information about themselves, they may not know exactly what that information is. Therefore, they must become more self-aware.

Instruction: Self-Awareness

(15 minutes)

When people get in touch with themselves, they can learn more about themselves and thus better understand their perceptions and their experiences. When people increase their understanding of themselves, they also enhance their ability to identify options and make choices. When people know what they think, what they feel, and what they want, the choices they make are much more likely to be self-fulfilling and satisfying. This pertains also to choices regarding foods, drugs, and alcohol. The way one feels about self determines the way one deals with all aspects of life including sexual identity and relationships, family relationships, job performance, leisure time activities, and so forth.

When people experience life as unfulfilling and unrewarding, they frequently fail to take action to change things. Instead, escapes from their dilemmas are developed through overindulgence in eating, drinking alcohol, watching television, (for example, soap operas or spectator sports), using drugs, and other avoidance activities.

When people neglect self-information, and thereby operate from limited awareness, they usually find themselves confused while feeling misunderstood and wanting to hide their real selves from others.

Another reason for increasing self-awareness involves people's relationships with each other. People can choose to communicate to each other (self-disclose) only information of which they are aware. Increasing knowledge about self expands the possibilities of what people can communicate to others. Heightened self-awareness may also lead to greater self-esteem, self-efficacy, and self-confidence. When people are able to detach from their thoughts, feelings, intentions, and actions, they are very likely to become aware of and appreciative of their unique qualities.

Application Exercise: Thoughts, Feelings, and Self-Talk
(30 minutes)

Self-awareness enhances the communication process. In order to express their real selves to others, people need to be aware of their thoughts and feelings. They need also to have a sense of self-importance and to realize that they are entitled to their own opinions, both having them and expressing them to others. People may express their opinions in helpful or unhelpful ways, depending on the context of the situation. For example, expressing a strong contrary opinion to a superior when he or she has given a direct order may not be helpful or appropriate. But, when a superior invites suggestions or discussion, that may be a time for appropriately expressing opinions (feedback) or constructive criticisms.

People's beliefs, perceptions, and feelings determine how they interpret situations and the behavior of others. Most of the time, a person has an internal ongoing dialogue called "self-talk." This self-talk, based on thoughts, contributes to how a person feels about a situation. A person's beliefs, feelings, self-talk along with environmental factors influence that person's actual behavior. The facilitator should give participants instructions for completing Worksheet SAS I-1 **Thoughts, Feelings, and Self-Talk**, and allow them time to do so. The class is to be divided into groups of five or six students for discussing this exercise. Members are to be invited to share their answers for as many items as they wish. The facilitator should ask for a reporter from each group and, when the class reassembles, ask each reporter to share the reactions of the group. The facilitator should emphasize that different people respond to the same situation with different thoughts and feelings and derive different inferences from similar observations.

How might you discover what you think and feel before you respond to a situation?

How do your thoughts and feelings affect the actions you take? Elicit an example from the class.

Summary: Review of Content and Process
(5 Minutes)

At this point, the facilitator should begin a brief review of the learning demonstrated during the module, as well as marking the flow of the group process. Participants should be encouraged to add or elaborate on the points in order to demonstrate understanding of how to apply their learning to their self-contract or life situation.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

SELF-AWARENESS SKILLS II: RESPONSIBILITY FOR BEHAVIOR

I. Summary of the Module

This module stresses the importance of taking total responsibility for oneself by giving participants a chance to experience the impact of using "I" messages when discussing a topic. The principles of economy, control, and congruence in communication are introduced. In addition to being aware of and taking responsibility verbally for themselves, participants must also be aware of, respect, and accept others in order to communicate effectively. For clarity, both verbal and nonverbal facets of each component of communication should be congruent. Therefore, this module emphasizes the role which nonverbal behaviors (for example, gestures and postures, the use of space, as well as drinking and drug taking) play in communication. Participants will have a chance to observe the nonverbal behaviors of others in the class and to give judgments (inferences) based on these observations. Participants will each begin to develop an individual theory of the relationship of substance choices to their own personal communication styles.

II. Goal and Objectives

Goal: Participants will learn to take responsibility for their communication behaviors, both verbal and nonverbal, and recognize the impact of these behaviors on others. Through this process, participants will practice communicating responsibly and effectively. Participants will examine their present communication patterns and relate them to their alcohol/drug use or misuse.

Objectives:

Participants will be able to distinguish between an observable behavior and an inference.

Participants will make "I" statements.

III. Outline

Review: Why Are We Here? (5 minutes)
Dialogue: Responsibility for Self (15 minutes)
Instruction: Communication (20 minutes)
Application Exercise: Music Video A (10 minutes)
Application Exercise: Nonverbal Communication (30 minutes)
Summary: Review of Content and Process (10 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet SAS II-1 **Observation to Inference**

V. Key Terms

Congruence

Congruence is the matching of experience, awareness, communication, and behavior.

Control of Communication

The principle of control of communication concerns the individual's style of interaction with others. Some elements include the loudness of the voice, the actual words chosen to convey the meaning, along with some other more subtle behavior often called **indirect feedback**.

Control has two requirements: that one actually means all elements of the messages sent; and that one increases the ratio of direct to indirect feedback.

Indirect feedback is often the vehicle for negative messages insofar as there is a cultural taboo against criticizing someone's behavior to his or her face. There is, in addition, a similar taboo which prohibits one from criticizing another outside of his or her presence. Proverbs such as "if you can't say something nice about a person, don't say anything at all" are indicators of the proscription against negative messages.

The problem here is that people who have been raised to not share negative information as easily as they share positive or neutral information usually wait until they are angry to put negative messages into direct feedback form. By this time, their level of emotion is usually overreactive to the initial situation.

Economy of Expression

This principle of communication states that the individual should say no more nor less than needs to be said to convey one's meaning. Talking around a point, not getting to the point, or in any way preventing the hearer from understanding the meaning are all ways in which people violate this principle.

Feedback

Feedback is any information that a person has received which lets him or her know how he or she is being perceived by others. Feedback can be neutral, negative, or positive.

Feedback is most helpful when it:

1. describes a specific behavior;
2. focuses on something that can be changed (A person's height cannot be changed, but blowing smoke in someone's face can be.);
3. occurs as soon as possible after the behavior (Finding out two years later that one did a good job may not be useful feedback.); and
4. deals with one situation at a time.

If a person gets stuck when giving feedback, he or she can try this formula:

"When you did/said (describe a specific behavior), I felt/thought (describe as best you can how you felt and/or what you thought)."

"I" Statements

Too often a person speaks for other people when he or she wants to say something for himself or herself: "They say caffeine is not good for you," instead of "I don't think caffeine is good for me." "I" statements literally mean starting a sentence with "I" and then finishing it with how one feels or what one believes. It means taking ownership of one's thoughts and feelings and making the ownership public.

VI. References

1. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

2. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

3. Knowles, J. H. (Ed.). **Doing Better and Feeling Worse.** New York: W. W. Norton & Co., 1977.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

6. Morris, D. **Manwatching.** New York: Harry N. Abrams, Inc., 1977.

7. Rossiter, C. M., Jr. and Pearce, W. B. **Communicating Personally.** Indianapolis: Bobbs-Merrill, 1975.

SELF-AWARENESS SKILLS II: RESPONSIBILITY FOR BEHAVIOR

People sometimes have interpersonal difficulties because they blame others for their problems instead of taking responsibility for their own actions and whatever consequences occur. Often individuals will use food, alcohol, or drugs to help themselves through these difficult times This module will help participants practice taking responsibility for themselves as well as demonstrate that in order to communicate effectively they must also be aware of the impact of their own nonverbal behavior, as well as the nonverbal behavior of others. The role that substance choices usually play in the participants' communication process will be explored.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Application Exercise: Responsibility for Self
(15 minutes)

The purpose of this activity is to allow participants to practice and experience taking public responsibility for their own statements. It is important to know what one wants to say and remain in control of it. To say "I did not mean that" indicates that the individual was not in control. Also, economy in communication calls for directness in the sense of getting to the point without talking around it.

The facilitator can then solicit some examples of talking in circles from participants. These principles will become relevant again in Self-Awareness IV, during the discussion of the different behavioral styles. Responsible people speak for themselves (respect). They are self-aware, recognize their perceptions as their own, and identify their experiences as their own. At the same time, they leave room for others to see and experience things differently by letting others speak for themselves (respect). When people demonstrate personal responsibility by speaking for themselves, they:

1. identify themselves as the sources of their messages;
2. say that they are the owners of their thoughts, feelings, and actions;
3. show respect for others;
4. leave room for others to be self-responsible; and
5. add to the accuracy and quality of their communication.

The facilitator should offer one or two (depending on time and interest) of the following ideas for classroom discussion:

1. using someone else's prescription drugs;
2. mandatory urinalysis in the Navy;
3. disclosure of drinking and drug practices before enlistment;
4. garnering a large supply of aspirin, antihistamines, and other cold remedies;
5. garnering a large supply of chocolate, cookies, or other sweets;
6. maintaining two six packs of beer on hand at all times;
7. garnering a large supply of cigarettes or dipping tobacco; and/or
8. acceptance of alcohol use in the Navy versus zero tolerance for other drugs.

The facilitator should encourage participants to express themselves using "I" rather than "we" and "you."

Following the discussion, the facilitator should discuss with the class the differences between saying "I," "us," "we," and "you." The facilitator should pay special attention to statements made by the students which are not expressions of personal responsibility. For example, "**They** say those drug users are ..." or "**Everyone** says ..." are statements that do not take into account an individual's own perceptions.

Instruction: Communication
(20 minutes)

In order to communicate with others, it is important that people become aware of themselves because much of what is shared with others is actually information about self. Communication always involves more than one person. Communication involves an active sharing of self, time, and meaning between people.

Communication, or how people express themselves to others, is influenced by their cultural background, their personal history, their present feelings, and beliefs.

Although the verbal and nonverbal aspects of communication happen simultaneously, speakers and listeners process each independently to a point, and decide the meaning of the whole communication after evaluating both of the aspects.

An individual's actions, over and above his or her words, often appear more honest and direct since words can conceal, distort, and deny real feelings and events.

The verbal aspects include both the actual words, along with other noises which the person utters. The particular vocabulary used, as well as the false starts, uhms, ahs, stuttering, and so forth all together create the meaning of the verbal facet. At the same time, the nonverbals selected also affect the total meaning.

The facilitator should ask participants to think about and describe the different aspects of the nonverbal elements of communication and write responses on the board. The following, among others, are relevant:

1. **Position:** physical placement in relation to others in the room (A group member sits outside the circle or a facilitator places himself or herself as a member of the group by sitting in the circle.)
2. **Posture:** orientation of head and orientation of body (slumped or erect).
3. **Gestures:** movement of hands, heads, legs, arms (nodding, squirming and scratching, face touching, swallowing, moistening of lips).
4. **Facial expression:** eyes (stares or looks away), mouth (frowns or smiles), eyebrows (raises or lowers).
5. **Vocal nonverbals:**
    a. Intonation: tone of voice (Tell participants to try the phrase "want to drop dead" on each other, using a variety of voice tones. They will respond to tone, not to what has been said.)
    b. Volume: the loudness or softness of a person's voice.
    c. Rate at which a person speaks.
    d. Trailing off at the end of or not finishing sentences.

The facilitator should explain that facial expressions and the manner in which people say something, though ambiguous, are as important, if not more important, than the actual words they use. It is important to recognize that people interpret others' communications differently--according to how they as individuals infer from their observations. For example, when people say, "She said she was sorry but she didn't mean it," they are usually paying attention to nonverbal aspects of the message since the words "I'm sorry," do mean to apologize by dictionary definition. Another example is when one says, "My drinking isn't a problem," either with a worried look or a smile on his or her face. An observer is more likely to believe the facial expression than the words. Why might this be so? The facilitator should elicit some possibilities from the class and elaborate briefly on the relationship between the content and the process of interactions in order to focus on how denial might sound. By pointing out discrepancies between verbal messages and body messages, class members will be able to identify the conflicting or the consistent elements of a message.

Application Exercise: Music Video A
(10 minutes)

The purpose of this exercise is to make observations and inferences during self-disclosure. Inferences are formed based on perceptions of the meaning of observed behavior. Inferences are usually derived from not only what has been said but also from how this expression has occurred.

The facilitator should tell the students that they are going to listen and watch a short music video and make observations while the singer is self-disclosing. The facilitator should tell the students to be aware of the inferences that they draw from their observations.

After the students have observed the Music Video A, the facilitator should lead a discussion based on the following questions:

1. What did you observe?
2. What are your inferences?
3. How did you arrive at your inferences?
4. How can you relate to the singer and/or the song?

Application Exercise: Nonverbal Communication
(30 minutes)

The purpose of this exercise is to draw some implications from how people communicate in ways other than talking. Nonverbal communication relies on people's ability to make observations followed by interpretations about what they experience and their ability to check out the validity of their interpretations with those who have been observed.

People frequently make interpretations about someone's personality or private life based on clothing, jewelry, hairstyle, physical size, and so forth. Because these inferences are usually made quickly and unconsciously, people may not bother to determine the accuracy of their judgments by checking them out with the other person. In the same way, certain behaviors such as lying, prejudice, and stereotyping interfere with people's really getting to know one another. A requirement for effective communication is that each person look beyond outward appearances. People can increase the effectiveness of their communication by becoming aware of how often they act on their inferences whether based on actual observations of other people or based on stereotypes rather than checking out their inferences prior to acting.

The facilitator should model this process for the class by having two participants (usually the facilitator and a volunteer student) demonstrate the following process: One participant is to be silent; the other will make a hypothesis (inference) about the first on the basis of the nonverbal behavior that is observed. After the observer offers this hypothesis, the silent participant is asked to confirm or disconfirm the hypothesis. If the hypothesis is not accurate, the observer offers a second hypothesis and checks it out. This concludes the demonstration. The facilitator should then engage the class in discussing what happened.

After a brief discussion, the class should be divided into pairs, asked to turn to Worksheet SAS II-1, **Observation to Inference**, and given the following instructions: One participant is to remain silent for one minute. During this time, the other participant should write down five observations about him or her and two inferences based on each of the observations. After this written preparation, each observer can check out the accuracy of the hypotheses in the following manner:

1. State your first observation.
2. Share the two hypotheses about the observation.
3. Check out these hypotheses.
4. State your second observation.
5. Share the two hypotheses about the observation.
6. Check out these hypotheses.
7. Repeat this process for all five observations.

Each person should have a chance to be the observer. After both have had a chance to check out their hypotheses, participants should reassemble into the large group and discuss the exercise and what participants learned about themselves, their nonverbal communication, and that of others.

Summary: Review of Content and Process

(10 minutes)

The facilitator should briefly point out the discoveries through self-awareness, as well as the group learning, that have occurred during the module. These accomplishments are to be related to the goals stated on the participants' self-contracts. Reminding group members about their self-promises may assist in maintaining enthusiasm for personal change. Some closing content and process comments will reinforce each individual's skill development in relating what has occurred during the module with his or her individual reasons for being there. The facilitator should elicit ideas and direct the class inquiry to what possible connections owning one's behavior and drawing inferences from observations might have to one's alcohol/drug use or misuse, and how that relates to attending a class about problem prevention.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

SELF-AWARENESS SKILLS III: RESPONSIBILITY FOR INTERACTION

I. Summary of the Module

This self-awareness module emphasizes additional practical learning participants need to master throughout the remaining sessions through concentrating on listening and feedback skills. Participants identify common blocks to listening during a three person listening exercise. The module ends with a discussion of how to give and receive objective feedback.

II. Goal and Objectives

Goal: Participants will examine their present communication patterns and make the changes necessary to insure that they are listening and hearing others as well as providing appropriate feedback. Through practice of these behaviors, participants will understand how to accomplish empathic and respectful interpersonal encounters.

Objectives:

Participants will demonstrate effective listening skills during the Listening exercise.

Participants will be able to use the guidelines given in this module to give helpful feedback to other group members during the remainder of the course.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Listening (15 minutes)
Application Exercise: Listening (40 minutes)
Instruction: Feedback (20 minutes)
Summary: Review of Content and Process (10 minutes)
Assignment: Questions for Supervisors

IV. Key Terms

Active Listening

Active listening (demonstrating empathy) describes an open process in communication which calls for:

1. paying attention with one's body (putting down one's work, leaning toward the person, and making eye contact);
2. paying attention with one's words (repeating parts of what the person has said, asking questions to clarify.); and

3. showing understanding of words and feelings.

Feedback

Feedback is any information that a person has received which lets him or her know how he or she is being perceived by others. Feedback can be neutral, negative, or positive.

Feedback is most helpful when it:

1. describes a specific behavior;
2. focuses on something that can be changed (A person's height cannot be changed, but blowing smoke in someone's face can be.);
3. occurs as soon as possible after the behavior (Finding out two years later that one did a good job may not be useful feedback.); and
4. deals with one situation at a time.

If a person gets stuck when giving feedback, he or she can try this formula:

"When you did/said (describe a specific behavior), I felt/thought (describe as best you can how you felt and/or what you thought)."

V. References

1. Brammer, L. M. **The Helping Relationship** (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

2. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

3. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

6. Rogers, C. R. (1975). "Empathic: An Unappreciated Way of Being." **The Counseling Psychologist 5(2):** 2-10.

SELF-AWARENESS SKILLS III: RESPONSIBILITY FOR INTERACTION

The interdependency of the components of communication is further developed in this module because the skills emphasized are active listening (empathy), as well as giving and receiving feedback. Listening is a means of gaining accurate information about others. Giving and receiving feedback in constructive ways enables participants to check out their perceptions of others and others' perceptions of them. This is a valuable process in that interpersonal contact increases among participants, thus paving the way for them to learn more about themselves and each other.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Listening

(15 minutes)

Perhaps the most important factor in effective communication is listening. Listening is a prerequisite for responding, but it is sometimes taken for granted or considered an inconvenience. Frequently, a person is not listening at all when another person is talking, but is instead focusing on his or her upcoming reply. This lack of attention deteriorates the communication process.

The way in which a person listens is a message in itself. One's partners in the communication process will pick up on how well they are being listened to. They will perceive the quality of the listening as active listening, or as hearing the words but missing their meaning, or as some derivative of the two.

The goal of listening is understanding. When a person understands, he or she is able to see the expressed idea from the other person's point of view, to sense how that person feels, and to understand that person's frame of reference. Listening involves:

1. focusing full attention on what the other person is saying;

2. recognizing the feelings, underlying attitudes, and beliefs; and

3. paying attention to nonverbal behavior, voice tone, and word choice.

Listening demonstrates interest in the speaker, builds rapport and respect, and helps to prevent misunderstanding and its consequences.

Guidelines for effective listening are:

1. listening for meaning, not just for words;
2. suspending attitudes and biases;
3. not interrupting;
4. listening for answers to questions asked; and
5. paying attention to the content of what is being said.

Common blocks to effective listening are:

1. judging and evaluating messages prematurely;
2. allowing distractions such as noise, time of day, one's work, or the topic to interfere with listening;
3. asking questions or developing responses before the speaker has finished; and
4. analyzing to solve problems or find answers for the speaker.

Application Exercise: Listening
(40 minutes)

The facilitator should divide the class into groups of three. Each group should choose a topic which interests its members. For example, participants could report on the way that their commands deal with alcohol misuse. In each group, one person will act as moderator and the other two will discuss the issue they have chosen. One participant will be the speaker and one will be the listener.

The first person to speak will present a point of view on the topic. Before a new participant speaks, he or she must first summarize what the other has just said. If the summary is thought to be incorrect, the speaker or moderator should interrupt and clear up the misunderstanding.

After five minutes, members of the teams should switch roles. After another five minutes, members of the triads should switch roles again, so that all participants have had an opportunity to experience each role (listener, speaker, moderator). Participants may use the same topic or switch topics, depending on the speaker's preference.

The facilitator should lead a discussion about the exercise, using the following questions:

1. How difficult was it to listen to others during the exercise?
2. How frequently did you formulate thoughts or rehearse your responses while listening to the other person? What happened when this occurred?
3. How did others summarize what you said? How did their summary differ from what you said?
4. How difficult was it to get across what you wanted to say?
5. How congruent were your verbal and nonverbal messages?
6. What nonverbal aspects of the communication helped you to understand the speaker?
7. How attuned were you to the speaker's feelings as he or she spoke?
8. How often was there a need for clarification by the speaker?

Instruction: Feedback

(20 minutes)

Feedback is communicating information to a person about how that person appears to or affects other people. It is a way of answering the questions "Who am I to others and how do I affect others?" As a result of feedback, one may consider whether or not to change behavior which is inconsistent with his or her intentions. Feedback increases one's awareness of self and one's effect on another person's thoughts and behavior. It also helps to clarify relationships and to promote mutual trust. Feedback is a means of demonstrating empathy and respect to others.

The facilitator should ask participants to think of some guidelines that would be helpful during the class for giving and receiving feedback. Some guidelines that can be included are listed below:

Giving Feedback

1. Use "I" statements.
2. Comment as soon after the action as possible.
3. Describe the behavior in sufficient detail so that the other person understands.
4. Comment on specific, observable behaviors.
5. Describe rather than judge.
6. Comment on behaviors which can be changed rather than on traits which are fixed.
7. Give feedback which is appropriate to the situation.
8. Ask the person if your feedback is clear.

Receiving Feedback

1. Acknowledge the feedback.
2. Ask for clarification if needed.
3. Listen to the other person.
4. Be receptive and nondefensive.
5. Ask for feedback if you want it.
6. Avoid rationalizing or overgeneralizing.
7. Share reactions to the feedback.
8. Respond with "I" statements.
9. Decide whether or not to change behavior based on the feedback and your assessment of the situation considering the feedback.

After this discussion, the facilitator should start a round of giving feedback, allowing each person in the class the opportunity to offer feedback. The facilitator should make sure the feedback offered follows the guidelines and is addressed to the person for whom it is intended.

Summary: Review of Content and Process
(10 minutes)

The facilitator should review the module. Through soliciting content and process comments from the class and providing feedback and some self-disclosures, the participants will be able to assess their listening skills, to gauge their own learning and how these apply to their particular goals: self-contracted or other.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

ATTITUDE AND VALUES CLARIFICATION I: THE GUIDING PRINCIPLES OF BEHAVIOR

I. Summary of the Module

This module introduces attitude and values clarification and explains how an examination of one's values leads to identifying what is really important in one's life. The module begins with a centering exercise intended to create an atmosphere of introspection. The instruction defines "value". Participants have a chance to examine their own attitudes and values in a group activity and then to discuss the experience.

II. Goal and Objectives

Goal: Participants will gain a greater awareness of their values and the role their values play in the decisions they make, especially in their decisions regarding the use of alcohol and drugs.

Objectives:

Participants will learn an imaging approach to identifying personal values.

Participants will examine their personal values in the context of a group sharing activity.

III. Outline

Review: Why Are We Here? (5 minutes)
Centering Exercise: Relaxation (10 minutes)
Instruction: Values and Self-Awareness (10 minutes)
Demonstration: Modeling Behavior (5 minutes)
Group Activity: Values Clarification Exercise (40 minutes)
Dialogue: Values Clarification (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet AVC I-1 **Five Personal Values**

V. Key Terms

Attitude

Attitude refers a person's point of view toward self, others, and/or the environment.

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Value

A value is the guideline or blueprint for personal action which supports an attitude or attitudes.

V. References

1. Davis, M., Eshelman, E. R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.
2. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.
3. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.
4. McKay, M., Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.
5. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

ATTITUDE AND VALUES CLARIFICATION I: THE GUIDING PRINCIPLES OF BEHAVIOR

Because personal values play a major role in participants' decisions about using alcohol and drugs, this module acquaints them with the process of values clarification. Values Clarification I will expand the horizon of self-examination following the self-awareness skills. This inventory will assist participants in understanding and applying the concepts in the remaining modules.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Centering Exercise: Relaxation

(10 minutes)

This preliminary exercise is designed to create an atmosphere conducive to introspection and self-examination. Therefore, the facilitator should begin by reading the following (or saying it in his or her own words) to participants:

> "We are now going to spend about five minutes identifying and examining some personal values. Before we begin, however, I would like each of you to spend some quiet moments imagining that you are now in some calm and peaceful place, completely relaxed. Choose a place of your own and try to let go of all your tension and worries. I'm going to wait quietly for a few moments, while you choose your place. Now I would like you to share the images that came to mind during this centering exercise."

In the ensuing discussion, the facilitator should call attention to the relationship between a given image and the state of relaxation. In other words, underscore the personal value of the particular images.

Instruction: Values and Self-Awareness
(10 minutes)

Values play a role in people's decisions to use or not use alcohol and other drugs. For example, some people value self-control so highly that they would never get drunk because becoming drunk would be a sign of loss of control. Other people may value curiosity and adventure and therefore use drugs as a way of having a new experience.

When people know their values, they have greater self-awareness. Without self-awareness, it is difficult to develop productive, personally constructive decisions. This process of values clarification is not done in order to promote a uniform set of values for all people, nor is it designed to create an atmosphere of artificial intimacy which discourages the expression of differences. This process will help the participants see that there are many alternatives for fulfilling their values in addition to using drugs, alcohol, or food.

At this time, the facilitator should discuss with the class the meaning of the term "value". Next, elicit from the participants their ideas on the role values clarification plays in developing greater self-awareness. The following outline may be helpful:

1. **Value:** an attitude (opinion, belief, and so forth) which a person holds to be so important that it significantly influences his or her behavior and decisions.

2. **Self-awareness:** a person's knowledge of his or her own actions, feelings, intentions, wishes, expectations, sensations, and values.

3. **Increasing self-awareness:** a process of clarification which can enable a person to gain greater self-confidence, self-reliance, and self-esteem by means of identifying previously unacknowledged strengths and abilities. This process can also help a person to identify the specific qualities, characteristics, or behaviors which he or she would like to modify.

Demonstration: Modeling Behavior
(5 minutes)

As a prelude to the Values Clarification exercises, the facilitator should encourage each person to "look inside and freely examine the ideas and beliefs to which you attach the most importance." Accordingly, the facilitator should then proceed to model, throughout the remainder of this module and all remaining modules, the examination of some of his or her own values through appropriate self-disclosure. This self-disclosure should include not only the value itself but also the rationale supporting the value.

The facilitator should select some values that seem to be relevant to class members and specify how the conclusion was reached. Some ordinary behaviors apparent through observation are: uniform cleanliness or the reverse; being on time or the reverse. Behaviors apparent through inference are: getting drunk or high or the reverse; working hard on the job or the reverse; and so on. The facilitator can use poster paper to write these values down as they emerge.

Group Activity: Values Clarification Exercise
(40 minutes)

The facilitator should refer the students to Worksheet AVC I-1, **Five Personal Values**, and review the list of values provided.

1. **Five Personal Values**

   a. **Purpose:** To show how students define themselves and to notice what each person feels free to disclose.

   b. **Instruction:** The facilitator should divide the class into groups of eight or ten members. The facilitator should ask for a volunteer reporter from each group. Students in each group should turn to Worksheet AVC I-1, **Five Personal Values**, and write down five words or labels describing values they would like others to know about themselves. Once that is completed, students should read aloud to the other group members what they have written. Other group members are to provide objective feedback.

   c. **Discussion:** The facilitator will then reassemble the class and ask each reporter to discuss the varieties of personal definitions and the responses of the listeners. The facilitator should summarize the conclusions.

Dialogue: Values Clarification
(15 minutes)

The facilitator should allow sufficient time for a full discussion of the values clarification exercise used with the class. Suggested questions to use in this discussion include:

1. What did you learn from these exercises?
2. What was difficult/easy about this process?
3. What was beneficial/not beneficial about clarifying personal values?

The facilitator should highlight the important differences between an attitude and a value (in other words, an attitude put in action). The facilitator should keep in mind that values clarification and self-awareness are necessary forerunners to making decisions about the use of drugs and alcohol.

The facilitator should invite students to respond regarding the importance of self-awareness and clarification of personal values. The facilitator may ask several open ended questions which may help in clarifying the values involved in making decisions about drug and alcohol use, including the following:

1. How do your personal values influence your use of drugs and alcohol?
2. What has contributed to your present value system concerning drugs and alcohol?
3. What happens when your values about drugs and alcohol differ from those of society as represented by the law, Navy policy, your friends, or a group to which you want to belong?

Summary: Review of Content and Process
(5 minutes)

The facilitator should briefly comment on the group process as the class moves from quiet introspection through the focus on bringing personal values to the forefront of the class. The status of the participants' self-contracts should also be addressed.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

ADAPTABILITY SKILLS I: INTRODUCTION TO STRESS

I. Summary of the Module

This module considers the concept of adaptability in the living system and addresses why drug and alcohol use may not be an effective way to manage one's stress on a long term basis. Although tension is experienced by the individual, it is generated externally as well as internally. A background for exploration is the recognition that many aspects of the "American Dream" have been challenged. The definition and role of the family has changed. The ideas of economic growth as progress, the importance of the role of the United States as the strongest world power, and trust and confidence in leaders and institutions are being questioned--not only by Americans but also by people from other countries. During this climate of reevaluation of social and cultural values, it is important that individuals, in view of this resulting quickly accelerated change, take responsibility for their own well being. A centering exercise is introduced to acquaint participants with a relaxation technique and the role relaxation plays in managing stress. The instructional part of the module defines the physiological responses to and behavioral expressions of stimuli, tension, stressors, and stress. The exercises at the end of the module give participants an opportunity to discover how they experience and respond to stressors and tensions in their lives.

II. Goal and Objectives

Goal: Participants will recognize when they are feeling stressed and will cope with stress in ways that do not include the use of drugs and alcohol.

Objectives:

Participants will demonstrate knowledge of their own physiological responses to stress by completing the **Stress Log** worksheet.

Participants will learn how to both energize and relax by using deep breathing.

III. Outline

Review: Why Are We Here? (5 minutes)
Centering Exercise: Deep Breathing (15 minutes)
Instruction: Physiology of Stress (20 minutes)
Instruction: Symptoms of Stress Overload (15 minutes)
Application Exercise: Stress Log (30 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet AS I-1 **Stress Log**

V. Key Terms

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism. ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew.") There may be a big difference between what was said and the individual's self-talk about it.

Stimulus

A stimulus is any input that produces a temporary change in the activity of an organism or in any of its parts.

Stress

Stress is the adapted response by an individual to the sum total of continuing demands made whether internal or external. A person experiences stress as feeling tense or pressured for a long time.

Stressor

A stressor is tension which creates a demand that upsets the individual's equilibrium. In order to restore equilibrium, a person must draw on not readily available energy for action. For example, the operational schedule of 6 hours on and 6 hours off, requires the person to continually dip into energy reserves.

Stress Management

Stress management is a process through which a person learns a variety of activities to deal with tension. It is important to learn several stress management skills because some skills may work in certain situations while others may not work.

Example: Let us say someone uses jogging to handle stress. What happens if that person breaks a leg? The person could still come to work, even with a cast, but how would stress be handled now, especially if no other stress management skills are available? This particular person would probably 1) feel out of sorts and edgy most of the time, or 2) spend a lot of time complaining while getting depressed.

A similar difficulty occurs when a person begins to use alcohol or drugs as the sole stress management technique. That person comes to depend on the drugs or alcohol and finds that other interests and opportunities slip away. Because that individual eventually uses fewer skills, he or she needs more alcohol or drugs to get through the day.

Tension

Tension is the bodily experience of increased muscular tonus, temperature, and/or other physiological signals resulting from external or internal environmental factors. In responding, the organism balances the strength of its reaction to the strength of the stimulus. Tension which is not relieved for a period of time becomes a stessor.

VI. References

1. Davis, M., Eshelman, E.R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.

2. Dubos, R. (1975). "The Despairing Optimist." **The American Scholar** (Summer): 350-353.

3. Field, J. R. and Olsen, H. (1980). "Stress Management: A Multimodal Approach." **Psychotherapy and Psychosomatics 34:** 233-240.

4. Kobasa, S. O., Hilker, R. R. J. and Maddi, S. R. (1979). "Who Stays Healthy Under Stress?" **Journal of Occupational Medicine 21(9):** 595-598.

5. Kobasa, S. O. (1984). "How Much Stress Can You Survive?" **American Health** (September): 65-71.

6. Mechanic, D. and Cleary, P. D. (1980). "Factors Associated with the Maintenance of Positive Health Behavior." **Preventive Medicine 9:** 805-814.

7. Miller, J. **The Body in Question.** New York: Vintage Books, 1982.

8. The Newsletter of Teachers College/Columbia University. (1981). "Report Finds Teenagers 'Chasing the American Dream'." **TC Today 10(1):** 1-2.

9. Selye, H. **Stress Without Distress.** New York: New American Library, 1975.

10. Shaffer, M. **Life after Stress.** New York: Plenum Press, 1982.

11. Terkel, S. **American Dreams: Lost and Found.** New York: Ballantine Books, 1981.

12. Terkel, S. **Working.** New York: Avon Books, 1975.

ADAPTABILITY SKILLS I: INTRODUCTION TO STRESS

One of the decisions participants make daily is how to deal with the tension and stress in their lives. Stress is not something to be feared. Rather, it can be viewed as a challenge. For example, when a person is standing watch, he or she needs the energy which is produced by tension (in other words, alert and attentive) in order to respond to any threats which may arise. However, when that person gets off duty, he or she needs to know how to relax in order to get rid of the potentially negative consequences of tension or other symptoms of stress.

This module (and other Adaptability Skills modules) will help participants to learn ways in which they can successfully manage a variety of situations. People who fail to realize that different situations require different responses sometimes react to every situation with a high level of tension and anxiety. This can affect health negatively, because unmanaged chronic stress can cause physical damage. People who experience chronic stress may make an effort to manage this stress by relying solely on escape mechanisms such as alcohol, drugs, eating, or watching television. This module will help participants understand their responses so that they may choose between several alternatives when faced with stressful situations.

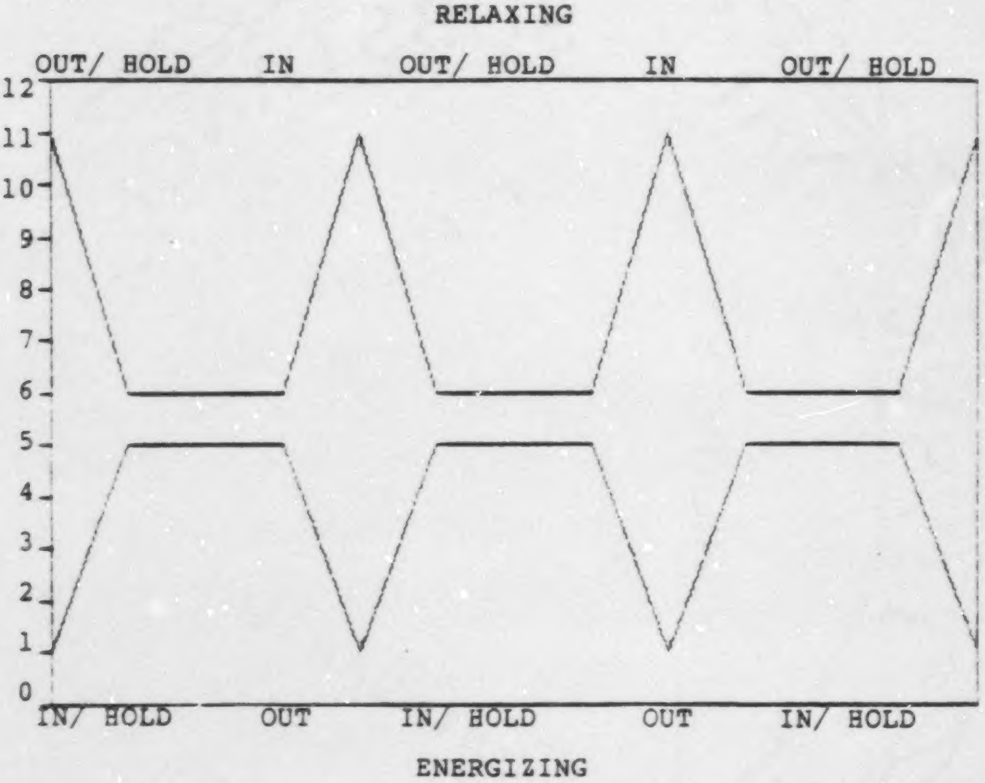
Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Centering Exercise: Deep Breathing
(15 minutes)

This module begins with a deep breathing relaxation exercise. Because deep breathing is used in other relaxation methods, and because it is a simple technique which can be used almost anywhere, it is a useful starter. The facilitator can use the following information as a guideline when telling participants a little about breathing.

Deep breathing is the healthful way of breathing, but few adults retain the habit of natural breathing they had as children. With deep breathing comes a reduction in muscular tension in the chest and stomach and a slight increase in carbon dioxide level in the blood which is mildly tranquilizing. The facilitator should mention that breathing in a slow and regular manner and sitting in an upright posture helps to decelerate heart rate; whereas slouching or breathing quickly and shallowly tends to accelerate heart rate. To learn to breathe again in a way that reduces tension takes practice and may cause dizziness or hyperventilation at first, but eventually a balance between forcing the breath and breathing shallowly can be struck.



Now, the facilitator can ask participants to sit comfortably in a chair with both feet flat on the floor. They can do the exercise with their eyes open or shut. (Some people find they are less distracted with their eyes closed.) The facilitator should instruct participants to do whichever is most comfortable for them. First, participants need to become aware of their breathing. If participants put their hands on their abdomens or chest, they can feel the rising and falling motion. Participants should allow themselves to breathe naturally. After a minute or so, the facilitator should tell them to inhale deeply through their noses to the count of four (1, 2, 3, 4), exhale all the air through their mouths to the count of four, then hold their breath for four counts. This pattern should be repeated five to eight times. The facilitator should explain that if anyone feels dizzy or lightheaded while doing deep breathing, he or she should stop the exercise.

After the exercise, the facilitator can explain to the participants that taking a few deep breaths during a stressful event will allow for increased oxygen which serves to permit additional energy flow. This is experienced as calming. The facilitator should discuss the sensations that participants had both during and after deep breathing. The facilitator should ask for examples of times when participants might have used deep breathing as a coping mechanism.

Instruction: Physiology of Stress
(20 minutes)

The term stress has been given much attention in the past few years because the American way of life has largely become one of overeating, sedentariness, and coping with ourselves and our problems through the use of drugs--caffeine and nicotine; aspirin and other over the counter preparations for sleeping, allergy control, weight reduction; and the favorite stress manager, alcohol. Stress is difficult to define even though most people have an idea of what it is. A general definition of stress is the adapted response by an individual to the sum total of continuing demands made whether from internal or external sources. (The facilitator should go over the glossary terms stimuli, tension, stressor, and stress ensuring that the class understands them before proceeding.)

When we experience tension, biochemical messages travel from our brain to alter our nervous system in response to our thoughts and resulting emotions. The nervous system transmits these messages to our body organ systems and back to our brain, causing our bodies to change in many ways. Some of these physiological responses may be:

1. Blood pressure increases and heart rate becomes more rapid.
2. Breathing becomes more rapid.
3. The adrenal glands become more active, pouring increased amounts of the hormone adrenaline into the bloodstream. Adrenaline stimulates the liver to send more sugar into the bloodstream, which boosts energy.
4. Stomach activity increases or decreases depending on blood flow.
5. Skeletal muscles become tense and ready for action, which may result in twitching or trembling.

6. The throat may feel dry, or there may be an increase in the flow of saliva, causing frequent swallowing.
7. Perspiration increases on the palms of the hands or under the arms.

These body changes, or physiological responses prepare a person to deal with a changing environment. Whenever a person's homeostasis or natural balance is disturbed by external (noise, heat, arguing, and so forth) or internal (thoughts and sensations) stimuli, his or her organism will break down in some way. As a result of this imbalance, the person may develop physical, emotional, or behavioral symptoms. This breakdown is experienced as tension (easily managed) or as a stressor (difficult to manage). As long as the situation is managed so that the imbalance is not a lasting one, the stressor may be a positive part of life (eustress). But when one fails to manage stressors for a prolonged period of time, this chronic imbalance puts a strain on body systems that often leads to high blood pressure, headache, ulcers, respiratory illness, and other disorders (distress). Severe prolonged states of either kind of stress can impair one's cellular building and repair, as well as immune responses, making him or her less able to withstand bacterial and viral infection. Cancer is now thought to be closely linked to stress.

Instruction: Symptoms of Stress Overload
(15 minutes)

Some of the common symptoms of stress are listed below:

1. basic life rhythm pattern changes,
2. appetite changes: decreased or increased hunger,
3. motor activity level changes,
4. sleeping pattern changes,
5. increase in substance use,
6. feeling "out of sorts" or continually irritated,
7. interpersonal difficulties,
8. muscle tension and aches,
9. stomach/intestinal pains after eating,
10. pounding heart,
11. headaches,
12. continual fatigue,
13. upset stomach, and/or
14. cold, sweaty hands.

Many stressors are self-created, even when they seem to be caused by outside forces. For example, a man may say that he has a headache because his children have been noisy. He is really saying that the children's noise is a stressor to him. The way he manages the stressor determines whether or not he will exhibit signs of stress. The man can deal with the stressor by aggression, such as having an anger outburst, or avoidance, such as going into another room or leaving the house. He can also avoid by "tuning out" the noise, that is, paying attention to other things, such as the stereo, a book, or his own calming thoughts. If he is not successful at managing his response to the stressor, his body will remain in an imbalanced state, and he will show some symptoms of stress.

A common way that a person's experience of stress is quickly and superficially relieved is by the use of a variety of drugs from aspirin to alcohol. Drugs and/or alcohol may be chosen as a way to change perceptions of stressful situations since they seem effective, are quick acting, and are readily accessible. This unidimensional way to deal with stress will eventually result in decreased effectiveness. There are many additional ways to manage stress productively, such as exercise, meditation, reading, and massage, as well as involvement in music or hobbies. Some examples of exercises which are easy to do and helpful in building both physical and mental well being, as well as assisting in meeting Navy fitness requirements, are included in Appendix I. Where applicable, the facilitator should have the group experience doing one from each category (aerobic endurance, flexibility, strength) and then share how they feel afterward. Participants should be able to contrast the outcomes from these as opposed to the relaxation exercises.

People respond to stress in very individual and, thus, different ways. The reason for this is that each person creates his or her physical and mental discomfort as well as his or her physical and mental well being.

Application Exercise: Stress Log
(30 minutes)

The purpose of this exercise is to help participants examine stressors in their lives and how they react to them. The facilitator should preface the exercise with a discussion about stressors which participants experience in their lives.

Stressors come in many forms. Most people think of stressors as being negative, but even positive situations can be stressors. The facilitator can ask participants to give examples of situations that are both positively and negatively stressful. People respond to all stressful situations in the same way physiologically, regardless of whether they are perceived as positive or negative. Perceptions of a situation are as individual as are people; one person may see a situation as stressful while another person may not. One's perceptions of situations are a composite of his or her values, resources for coping, past experience with stress, feelings of self-control, and personality.

Another factor which helps to determine how people view stress is what they say to themselves, in other words, their self-talk. For example, two people may miss the same plane. One person says, "I wish I had made my connection, but at least I'll have a chance to get dinner before I catch another plane." Another person says, "Oh, ?*&*!!! Now, I'll have to hang around here for another two hours. Nothing ever goes right for me." These two people will have different response levels in the same situation. This is reflected in their individual self-talk and subsequent physiological responses such as heart rate and blood pressure, muscular tightness, and body temperature.

The facilitator should tell participants to recall two situations when they experienced stress and record the information on Worksheet AS I-1, **Stress Log**. The facilitator should have an example in mind to illustrate how the **Log** is to be filled in. After students have completed their **Logs**, the facilitator can use the following questions to discuss the exercise:

1. What have you learned about your individual responses and patterns of responses to stress?
2. What happened after each stressful situation that allowed you to feel better?
3. Which of your insights would you be willing to apply in your daily behavior, your self-control, and then report to the class?

Summary: Review of Content and Process
(5 minutes)

A closure of either asking participants to give a one word description of their feelings/thoughts here and now, or of the facilitator leading a brief relaxation response may be done here.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DECISION MAKING I: DEFINING THE PROBLEM

I. Summary of the Module

This first Decision Making module begins with a centering exercise which helps participants relax and therefore be more alert. The instructions in this module provide an overview of the Decision Making module, with special emphasis on the initial step--defining the problem. Participants will use three real situations as the basis for an exercise in defining a problem.

II. Goal and Objectives

Goal: Participants will apply a behavioral model to make personal or command changes involving drugs and alcohol and other lifestyle choices.

Objectives:

Participants will learn a breathing exercise for thought stopping.

Participants will learn a systematic and effective model for making decisions.

Participants will choose and define one problem area in their lives by completing the **Specify the Problem** worksheet.

III. Outline

Review: Why Are We Here? (5 minutes)
Centering Exercise: Breathing (5 minutes)
Instruction: Model for Decision Making (10 minutes)
Application Exercise: Personal Fitness Inventory (30 minutes)
Instruction: Defining the Problem (15 minutes)
Application Exercise: Defining the Problem (20 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DM I-1 **Personal Fitness Inventory**
Worksheet DM I-2 **Specify the Problem**

V. Key Terms

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Decision Making

Decision comes from Latin roots meaning to "cut off." Decision making means to cut off all the arguments, for and against, and to make up one's mind. It sounds fairly straightforward, but decision making actually involves several steps that are not necessarily ordered, and not every decision requires each step. The basic steps involved in decision making are:

1. defining the problem;
2. generating alternatives;
3. exploring consequences;
4. exploring feelings;
5. choosing;
6. putting the choice into action;
7. evaluating the results; and
8. maintaining change.

Problem Solving

Problem solving involves finding ways to get what one wants and needs, or finding several ways to act effectively in situations. It is important to remember that a solution workable for one person may not work for someone else. All that anyone can do is to share his or her solution. It is up to the individual with the problem to actually choose the solution.

VI. References

1. Ardell, D. B. **High Level Wellness.** New York: Bantam Books, 1979.

2. Brammer, L. M. **The Helping Relationship** (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

3. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

4. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

5. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

6. McKay, M., Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.

7. Mechanic, D. and Cleary, P. D. (1980). "Factors Associated with the Maintenance of Positive Health Behavior." **Preventive Medicine 9:** 805-814.

8. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

9. Murphy, T. and Murphy, D. **The Personal Fitness Workbook.** (2nd ed.). San Diego: Fitness Publications, 1983.

DECISION MAKING I: DEFINING THE PROBLEM

Now that participants have increased their sense of self-awareness and have begun to clarify personal values and values conflicts in their roles in the Navy, they are in a better position to learn how to make decisions about lifestyle behaviors. Although participants are faced with decisions they must make everyday, they may seldom think about how they do it and how they decide not to decide in difficult circumstances. Participants also may not be aware of the information upon which they base their decisions. Taking a look at their decision making styles can help participants to understand what contributes to the choices they make about work, relationships, and their own or others' use of drugs and alcohol. Taking an inventory of their fitness and well being can provide a basis upon which participants can make a decision. This introductory module gives students the first step in a systematic method for decision making and a tool for establishing the basis of a decision, the **Personal Fitness Inventory.**

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Centering Exercise: Breathing
(5 minutes)

The purpose of this exercise is to practice an easy method for clearing one's mind of thoughts, and to provide a way for participants to make the transition from previous activities to those in the here and now. The facilitator should ask participants to sit upright in their chairs with their legs uncrossed, both feet flat on the floor, and their hands resting on their thighs.

The facilitator should read aloud the following instruction: "Allow your eyes to close and focus your attention on your breathing. Simply notice your breath go in and out, doing nothing except noticing the flow and rhythm of your breathing. Begin now to think the word 'one' silently to yourself with each breath in and each breath out. Continue this for a few minutes, while I remain silent [pause for two to three minutes]. Now, gradually let your awareness return to this room, open your eyes, and stretch."

The facilitator should lead a discussion about this exercise, using the following questions:

1. How did this exercise help you to relax?
2. What did you do to be able to relax?
3. What happened that you were not able to relax?
4. How might you use this exercise during your ordinary workday or home life?

Instruction: Model For Decision Making

(10 minutes)

Problem solving, decision making, and choosing among behaviors are activities people engage in constantly. Most of the time, they are unaware of how they do this. They may make choices based on impulse, incomplete information, or they may not consider alternatives or consequences. They may feel forced to choose certain paths. Some people may not have learned a simple but complete process for approaching lifestyle decisions, problems, and choices. Like many other aspects of life, these activities are learned skills that can be acquired through practice.

Questions For Discussion

What are some examples of lifestyle decisions? (Shall I smoke this cigarette? Is it a good idea for me to go out drinking tonight? How many drinks do I need to be able to have a good time? Shall I buy my buddy a bottle of Chivas Regal for his promotion party? Shall I buy a keg, or shall I buy cases of beer for the ship's party?)

What are some differences between problem solving, decision making, and choosing in lifestyle decisions as opposed to other kinds of decisions?

Decision Making:	analyzing, judging, weighing evidence, considering options, predicting results.
Problem Solving:	finding ways to respond effectively to life situations, solving math problems or crossword puzzles, and finding ways to get what one wants.
Choosing:	making a selection from two or more alternatives.

As elements of the decision making process are mentioned by the students during this discussion, the facilitator can write them on the board. This process may generate all the steps of the decision making model. These steps should then be reviewed with the students:

1. Define the problem.
2. Generate alternatives to solve the problem.
3. Explore consequences of each alternative.
4. Examine feelings about possible solutions.
5. Choose.
6. Put choice into action.
7. Evaluate results.

Application Exercise: Personal Fitness Inventory
(30 minutes)

Well being is more than the absence of disease. Well being is the outcome of each person's decisions concerning physical and psychological fitness.

Even though a person enters life with a particular genetic endowment, lifestyle choices related to physical and psychological fitness contribute profoundly toward well being. Nutrition, exercise, stress management, relationships with family and friends, as well as choices about substance use, all affect fitness and, therefore, well being.

In order to introduce the concept of fitness, the facilitator should refer the students to Worksheet DM I-1, **Personal Fitness Inventory**, and ask them to complete it. The facilitator should inform the students that there are no right or wrong answers. The **Inventory** is designed to enable the students to assess their own fitness, and to identify areas that they may choose to enhance or change.

Instruction: Defining the Problem
(15 minutes)

One of the most crucial steps in decision making is defining the problem in such a way that its definition naturally leads to a solution. To demonstrate this process, the facilitator should engage the class in a discussion of what kinds of problems they have, what kinds of things they learned about themselves from the **Personal Fitness Inventory**, and what factors go into formally defining a problem. The facilitator must emphasize that, in most instances, the more specific the definition, the better the chances for developing a clear cut set of behaviors to deal with the problem.

One possible approach is to look at a person's initial reactions to a problem situation:

(The facilitator should give an example to develop the point, such as a dependent's use of marijuana, a spouse's drinking, one's own drinking, a peer's drug use.)

1. Do I want to deal directly with this problem?
2. Is this a recurring problem for me?
3. Does this involve long term or short term consequences?
4. Do I know what I want, but cannot decide how to get it? Or, am I feeling "stuck" and not knowing what I want?

Answers to questions such as these help define the problem and begin to suggest steps to take to reach a solution. Another way to help define a problem is to answer the questions of Who, What, When, Where, How, and Why. In order to illustrate the use of these questions, the facilitator can ask participants for examples from their lives. The ones listed are suggestions and many other questions are possible:

WHO
- Are you the only person involved?
- Are others involved? How does this problem affect them?
- Who are they? What is their relationship to you?
- Who are you with when the problem recurs?

WHAT
- How much will it cost (money)?
- How long will it take (time)?
- How much effort is required (energy)?
- What materials and equipment are involved?
- What areas of your life are involved (your relationships, your work setting, or society at large)?

WHEN
- Is it a long term or a short term problem?
- When does the problem occur (time of day and day of week)?

WHERE
- Does the problem arise internally or from the outside (Ultimately all problems are internal since one chooses how to respond to them.)?
- Where does the problem occur (specific location)?

HOW
- How do you feel (angry, depressed, anxious, confused, any of which may indicate a problem situation)?
- How does the problem present itself to you?

WHY
- Why do you think this issue is important to you?
- Why do you think you behave as you do in this situation (reasons and explanations)?
- Why do others think you behave as you do?

By examining a problem in depth, a person can enlarge his or her view of it and extend the frame of reference for dealing with it.

Application Exercise: Defining the Problem
(20 minutes)

The facilitator should ask students to write down three recurring problems that currently bother them and choose one to work on that they are willing to share with others (It is preferable to focus on drug/alcohol or other lifestyle behaviors such as overeating, using a lot of aspirin and other over the counter drugs, smoking cigarettes, drinking coffee, eating chocolate, and so on.). The participants should focus on their own behaviors. If they wish to deal with an interpersonal problem (spouse, child, parent, peer, supervisor, subordinate) they should be assisted in recognizing their own role and responsibility in the situations.

Next, the facilitator should have students write out the specifics of the problem situation and their response to it on Worksheet DM I-2, **Specify the Problem.** This is only one way to define a problem, but it can be a useful one for recurring problems. The facilitator should divide the class into groups of five to six people so that students can discuss their problem outlines with one another. When students reassemble in the large group, the facilitator can ask them to share what they learned about themselves in relation to their problem.

Summary: Review of Content and Process
(5 minutes)

The facilitator should engage the class in a breathing exercise, using the centering exercise which opened the module. The session can be closed by some feedback to the class on how the group is progressing toward self-contract goals and the program goal of developing a strong decision making capability for changing lifestyle related behaviors of eating, drinking alcohol, and drug use.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for**

Supervisors worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES II: ENVIRONMENTS

I. Summary of the Module

This module expands the concept of person drug interactions by focusing on one's environment and how it influences drug use. The environments examined are the local Navy command and base, home, and social settings. The role playing exercise demonstrates the potency of peer pressure--both negative and positive--and how to make one's own positive decisions despite the negative influence of others.

II. Goal and Objectives

Goal: Participants will examine how social pressures have contributed to their past and present use of drugs and alcohol and will discover ways to manage negative social pressures for the future.

Objectives:

Given a list of questions to guide their thinking, participants will examine the use of drugs and alcohol within ordinary Navy contexts.

During the Application Exercises, participants will notice how peer pressure motivates both positive as well as negative behavior.

Through completion of the worksheet **Experience of Pressure**, participants will learn a method of identifying a coping response.

III. Outline

Review: Why Are We Here? (5 minutes)
Video: Drug Practices Collage (30 minutes)
Dialogue: Command, Home, and Peers (15 minutes)
Application Exercise: Peer Pressure (25 minutes)
Application Exercise: Experience of Pressure (10 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP II-1	**Peers and Substance Use**
Worksheet DP II-2	**Experience of Pressure**

V. Key Terms

Drug

A drug is considered to be an active chemical that, once taken into the body, will have some effect on body systems other than the changes that occur from the ingestion of nutrients or water.

Role Playing

Role playing is a dramatic technique which will enable a person to experience a situation (or a person) from another perspective. It means that the person either acts as if he or she is another person or places himself or herself in a new or different situation, identifies the feelings, and determines the appropriateness of them.

Participants all have several roles everyday: father or mother (family), friend (social), sailor, C.P.O., Airedale (occupational), and so forth. Role playing is a good way to practice, in a safe setting, some new ways to relate to others. If someone is going to do a role play, he or she should:

1. think about the role for a few minutes before beginning;
2. give other people information that they need in order to act or to watch the role play;
3. pay attention to how he or she is feeling and to what the others say;
4. ask for feedback; and
5. spend some time moving out of the role back to "self."

VI. References

1. Beary, J. F., Mazzuchi, J. F. and Richie, S. I. (1983). "Drug Abuse in the Military: An Adolescent Misbehavior Problem." **Journal of Drug Education 13(1):** 83-93.

2. Collins, R. L. and Marlatt, G. A. (1981). "Social Modeling as a Determinant of Drinking Behavior: Implications for Prevention and Treatment." **Addictive Behaviors 6:** 233-239.

3. Dembo, R. (1981). "Critical Issues and Experiences in Drug Treatment and Prevention Evaluation." **The International Journal of the Addictions 16(8):** 1399-1414.

4. Goffman, E. **Relations in Public.** New York: Harper & Row, 1972.

5. Goodstadt, M. S. (1981). "Planning and Evaluation of Alcohol Education Programmes." **Journal of Alcohol and Drug Education 26(2):** 1-10.

6. Jessor, R., Jessor, S. L. and Finney, J. (1973). "A Social Psychology of Marijuana Use: Longitudinal

Studies of High School and College Youth." **Journal of Personality and Social Psychology 26(1):** 1-15.

7. Jessor, R. and Jessor, S. L. (1975). "Adolescent Development and the Onset of Drinking." **Journal of Studies on Alcohol 36(1):** 27-51.

8. Jessor, R. (1976) "Predicting Time of Onset of Marijuana Use: A Developmental Study of High School Youth." **Journal of Consulting and Clinical Psychology 44(1):** 125-134.

9. Jessor, R., Chase J. A. and Donovan, J. E. (1980). "Psychosocial Correlates of Marijuana Use and Problem Drinking in a National Sample of Adolescents." **American Journal of Public Health 70:** 604-613.

10. Kim, S. (1981). "An Evaluation of Ombudsman Primary Prevention Program on Student Drug Abuse." **Journal of Drug Education 11(1):** 27-36.

11. Kim, S. (1981). "Synthetic-Dynamic Theory of Drug Abuse Patterns." **The International Journal of the Addictions 16(7):** 1301-1304.

12. Morris, D. **Manwatching.** New York: Harry N. Abrams, Inc., 1977.

13. Richards, L. G. (Ed.). (1981). **Demographic Trends and Drug Abuse, 1980-1995** (Research Monograph 35). (DHHS Publication No. ADM 81-1069). Rockville, Maryland: National Institute on Drug Abuse.

14. Terkel, S. **Working.** New York: Avon Books, 1975.

DRUG PRACTICES II: ENVIRONMENTS

A factor which influences participants' decisions about drug and alcohol use is their environments, the topic of this module. The environment of zero tolerance for use of illegal drugs or abuse of alcohol in the Navy differs from the civilian environment for alcohol abuse and illegal drug use. This fact can cause conflict for participants who live in a number of different environments.

The purpose of this module is to allow for examination of environments and to discover how they influence decisions concerning drug and alcohol use.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Drug Practices Collage

(30 minutes)

Humor is a vehicle of popular culture. The video consists of a series of humorous vignettes in which well known actors and comedians portray a number of drug scenes. After the video is shown, the facilitator should encourage discussion of it by asking open ended questions:

1. What do you think of the video?
2. How do you feel after watching this video?
3. What memories are recalled for you?
4. How are the scenes in the video the same? How are they different?

Dialogue: Command, Home, and Peers

(15 minutes)

The facilitator should begin this discussion by identifying several types of environments, specifying the variations in their structures, and explaining that the environment includes not only physical spaces but also the people in them. In addition to the ordinary activities that actually occur, the environment includes the rules specifying the activities that should occur. The environment influences people in ways that are not always easy to define. Personal values are frequently reflected in the physical spaces and atmospheres in which people work, live, and play, as well as in the manner in which they occupy their space.

After several types of environments have been identified, the facilitator should choose the following three as a means to generate discussion.

Command

The facilitator should ask the participants to share their answers to this question:

> "How is alcohol use encouraged or discouraged in your command and on your base?"

Use of questions about the following areas may help the facilitator in getting the participants to be active in the discussion:

1. What are the written and unwritten regulations regarding the use of alcohol at lunch time?
2. How available is alcohol at command and ship parties?
3. How is alcohol served at lunch in clubs on base?
4. Where are the beer machines in your barracks?
5. Which clubs on base have happy hours?
6. What other drugs are tolerated in your command?
7. What could be an explanation for the differences in rules regulating alcohol and other drugs?
8. What punishment is usually given for the abuse of alcohol in your command?
9. What is the punishment for possession and use of marijuana and other drugs in your command?

Home

The facilitator should use the following questions to help participants think about their home environments and how these environments may encourage or discourage drug use:

1. Do you keep alcoholic beverages in your home?
2. How soon do you replace alcohol in order to keep a supply available to you?
3. What other drugs do you keep in your home?
4. How obligated do you feel to serve alcohol when you invite friends to your home?

5. How would you feel if you were invited to a party and no alcohol was served?
6. Do you and your friends provide beverages that do not contain alcohol at parties?
7. What about other drugs? What expectations do you have about drugs at your parties or at friends' parties?

Peers

Because the concept of a peer is different for many people, and its understanding is important for the next exercise, the facilitator should now ask participants to turn to Worksheet DP II-1, **Peers and Substance Use.** The facilitator is to divide the participants into four or five small groups. The small group members are to complete the worksheets, and process their responses. The facilitator is to emphasize the importance of the last question for group discussion: What kinds of options could you use to deal with peer pressure?

Application Exercise: Peer Pressure

(25 minutes)

After discussing Worksheet DP II-1, **Peers and Substance Use,** the facilitator should set up a role play that will illustrate the effects of peer pressure. The facilitator should ask for someone who is willing to play the role of the one person who will attend a party with the intention of staying "straight" (that is, will not smoke, drink, or use other drugs). The facilitator should ask the volunteer to leave the room briefly, explaining that others are going to start a party that will have been in progress about an hour when the volunteer returns. The facilitator should then ask for several volunteers, perhaps five or six people, to behave as if they were drinking and smoking pot at a party. Their task is to get the new guest to join them in either or both activities.

After the scenario has been played out, the facilitator should lead a discussion of the feelings experienced by the first volunteer during and after the decision to not use alcohol or other drugs. After allowing time for the first volunteer to self-disclose, the facilitator should then ask the other participants how they each felt during the role play. Then, the facilitator should ask the rest of the class what they observed, how they were feeling during the role play, and how it reminded them of any similar situations in which they have been involved.

When time allows, the facilitator should set up a revised role play where, through peer pressure, a person decides to stop using his or her favorite drug. The person will agree to join the peer group for a weekend hike and camping in an area known for its archeological importance.

Afterward, the facilitator should follow the sequence above to assist participants in self-disclosure of their feelings.

Application Exercise: Experience of Pressure
(10 minutes)

Peer pressure is just one kind of social pressure that individuals experience in their lives. Individuals may experience pressure to behave in certain ways from others such as supervisors, employers, children, relatives, or marriage partners. The facilitator should ask the students to fill out Worksheet DP II-2, **Experience of Pressure,** and to determine the kind of pressure they feel, from whom they feel pressure, how they usually respond, and how they would like to respond. When the students have completed this worksheet, the facilitator should allow some time for discussion.

If there is not enough time to complete this worksheet in class, the facilitator may ask the students to fill out the worksheet at home.

Summary: Review of Content and Process
(5 minutes)

The facilitator should comment on the manner in which the class was able to complete the tasks. The facilitator should ask the students to continue to fill out their **Dependency Logs** and ask the students to notice any relationships between peer pressure and the behavior they are tracking on their **Dependency Logs**.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

The facilitator should remind each student to bring in at least one advertisement about alcohol or drugs which seems to convey his or her own reason for using the substance. This assignment will be discussed during Drug

Practices IV and will use Worksheet DP IV-3, **Media and Myths.**

Note: As practicable, the facilitator should begin a collection of ads--perhaps those from medical magazines, treatment magazines, or other professional sources not ordinarily available to the students.

ATTITUDE AND VALUES CLARIFICATION II: VALUES CONFLICTS

I. Summary of the Module

The second values clarification module deals with values conflicts within oneself, with others, and/or with Navy policy. The module starts with a centering exercise in which participants have a chance to experience the extremes of tension caused by a values conflict versus total relaxation. The instruction part of the module discusses various ways for handling values conflicts. At the end of the module are two values clarification activities designed to meet the needs of different kinds of groups.

II. Goal and Objectives

Goal: Participants will gain a greater awareness of their most obvious values conflicts and the role their values play in the decisions they make, especially in their decisions regarding their own and/or their subordinates' use of alcohol and drugs.

Objectives:

Participants will learn how thoughts influence feelings through an imagery exercise.

Participants will discover during several group activities discrepancies between their stated values and their actions.

Participants will plan specific ways to handle values conflicts with others.

III. Outline

Review: Why Are We Here? (5 minutes)
Centering Exercise: Tension and Relaxation (10 minutes)
Instruction: Values Conflicts (15 minutes)
Demonstration: Behavior Modeling (10 minutes)
Application Exercises: Values Clarification Exercises (30 minutes)
Dialogue: Attitude and Values Clarification (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet AVC II-1 **Personal Values**
Worksheet AVC II-2 **Values Conflicts**

V. Key Terms

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

VI. References

1. Brammer, L. M. **The Helping Relationship** (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

2. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

3. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. McKay, M., Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.

6. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

7. Rossiter, C. M., Jr. and Pearce, W. B. **Communicating Personally.** Indianapolis: Bobbs-Merrill, 1975.

ATTITUDE AND VALUES CLARIFICATION II: VALUES CONFLICTS

When people are faced with decisions about using drugs and alcohol, they frequently find themselves in conflict with others whose values and decisions differ. This is especially true for people in the Navy who may not necessarily hold the same values that Navy policy dictates. These conflicts are frequently experienced as stressors, which increase the likelihood of continued or increased use of drugs and alcohol. The module gives participants some practice at developing several ways of identifying and dealing with values conflicts in their own lives.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Centering Exercise: Tension and Relaxation

(10 minutes)

The facilitator should ask participants to prepare for the exercise by getting into comfortable positions. Then the facilitator can read the following text or say it in his or her own words (Remind participants to not go to sleep):

> "Close your eyes. Focus your attention on your breathing. (Pause.) Now, imagine yourself in a situation in which your values are opposed to someone else's. This situation may involve you and another person (your spouse, your friend, your chief) or it may involve you and an institution or group of people (the Navy, your family, your command). (Pause.) Concentrate on how you feel when your values are inconsistent with another's. Notice any tension in your body and just let it be there (long pause).
>
> "Now clear your mind of thoughts about conflict. Slowly scan your body for tension. When you discover a tense area, exaggerate it slightly so that you become more aware of it and then let the tension melt away. Breathe deeply and naturally. Imagine yourself in a quiet, peaceful scene. Perhaps you're walking

along the beach or through a forest, whatever evokes calm images for you. Notice details about the scene, such as the sounds, smells, and tastes. Feel your body relax even more" (long pause).

The facilitator can now give the participants several minutes to stretch quietly before opening their eyes and becoming reinvolved with the group. When everyone is ready, the facilitator should elicit comments from the participants by asking these open ended questions:

1. What did you experience when you imagined yourself in a conflict situation? In your body? In your mind?
2. How did you feel when you were told to forget about the conflict and relax instead? How did your body respond? Your mind?
3. What does this exercise tell you about the relationship between your mind and body?
4. What does this exercise tell you about your reactions to values conflicts?

Note: Some participants may have had a hard time doing the centering exercise or they may have chosen not to do it. The facilitator should accept their responses and encourage them to share their beliefs and feelings about doing something different than the others did.

Instruction: Values Conflicts
(15 minutes)

The purpose of this instruction is to promote students' understanding of how they ordinarily deal with values conflicts. Conflicts can occur when a person's own values are inconsistent with his or her behavior. Conflicts can also occur when a person comes into contact with someone whose values and behavior are different. The facilitator should present a brief discussion of possible ways to respond to such situations. This discussion can be organized around the following points:

1. When values collide, people experience internal conflict. Sometimes, there may be a conflict between wanting to behave responsibly and wanting to belong to a group (peer pressure). An individual may decide, for example, to be responsible for driving friends home from a party where alcohol is being served, then may be tempted to drink by friends' persuasion or by feeling left out as others drink. Faced

with such an internal values conflict, a person can:

a. act on one value and give up another;
b. try to compromise so that both values are partially fulfilled; or
c. delay making any decision. By postponing a decision a person can perhaps have a chance for more self-examination or to gather more facts. On the other hand, if one waits too long, the decision may be made by external circumstances rather than personal choice.

The internal conflict of values may continue after a decision has been made. People who allow themselves to be pressured into sacrificing important values for momentary enjoyment may later feel guilty, even to the point of punishing themselves without realizing it. Values clarification exercises can help a person to know in advance what values are personally important and to learn how to minimize values conflicts within self or with others.

The facilitator should read the following example to the group and have them discuss the values conflicts inherent in it:

> "You have told your supervisor that you will have the discrepancies from the last inspection corrected by Monday. It is two hours from quitting time on Friday afternoon and you have at least five more hours of work to do. You must complete the tasks by yourself. Values may come into conflict if:
>
> 1. you are married and had duty last weekend;
> 2. you are single but have a date and tickets to a weekend ski trip;
> 3. you are the driver today in your car pool; or
> 4. your boss just disapproved a special liberty chit for a day off next week and you are mad at him."

2. When a person's values conflict with someone else's there are several alternatives for resolving the conflict. The facilitator should give participants a chance to come up with their own ideas for handling conflicts. The following list contains some factors which may be expressed during this brainstorming session:

a. A person might choose to deny or overlook obvious values differences (in other words, to do nothing), to deny their negative effects on interpersonal relationships, or to argue strongly in favor of a personal set of values and to point out the lesser importance or futility of others' values.

b. A person might verbalize one set of values, yet act according to another set.

c. Two people might resolve a values conflict by exploring their feelings about it in one or more of the following ways:

   (1) Using "I" statements, mutually express intentions to seriously discuss personally important matters (self-disclosure).

   (2) Comment about the state of their personal relationship in the present time and place (process comment).

   (3) Give each other descriptions of specific undesirable behaviors and express the feelings associated with these behaviors (objective feedback).

   (4) Paraphrase each other's responses to insure that each is hearing what the other means to say (active listening).

   (5) Discuss possible underlying reasons for the conflict (self-disclosure).

   (6) Suggest to each other suitable alternative behaviors (develop alternatives).

3. The facilitator might also want to give examples of constructive explorations in instances where values conflicts are expressed behaviorally. The facilitator should also point out that when interpersonal values differences are confronted and clarified, the people involved generally feel more comfortable around each other afterward.

4. The students can present their own methods for dealing with or resolving important values conflicts with others, giving examples of each.

Demonstration: Behavior Modeling
(10 minutes)

As a prelude to the specific values clarification exercises, the facilitator should encourage each person to "look inside and freely examine the ideas and beliefs--especially regarding alcohol and drug use--to which you attach the most importance." Accordingly, the facilitator should then model, the examination of his or her own values which are currently relevant to the class through appropriate self-disclosure.

Application Exercises: Values Clarification Exercises
(30 minutes)

The facilitator can choose between the following exercises, depending on the needs and progress of each class. Classes which are obviously divided with respect to their values may benefit most from **Polarizing Positions.** During the exercises, the facilitator can help the class stay on task by emphasizing values which may affect their decisions regarding drugs and alcohol.

1. Polarizing Positions

a. **Purpose:** To give students an opportunity to learn from others whose values are in opposition to their own.

b. **Instruction:** The facilitator should ask if there is someone in the class who genuinely opposes an apparently popular group value. The facilitator should be careful to depersonalize the value by speaking of it as though it were an entity separate from the person. This person should be invited to present his or her ideas and opinions to the group, with an emphasis on how the value developed, how it is expressed behaviorally, and how it affects interpersonal relationships. The facilitator should request that others create an atmosphere of openness by suspending their counterarguments and listening attentively in order to understand what is being said. Finally, the facilitator should direct group members to demonstrate their understanding of what has been stated by reflecting content and asking for clarification when necessary. This clarification process should be continued until the volunteer is satisfied that the values in conflict with the group's are clearly understood.

c. **Discussion:** The facilitator should process with the group the experience of trying to understand what another person is saying when one does not agree with what is being said. The feelings of the volunteer and of other group members should be the focus of this discussion along with whatever else was going on in the class during the activity.

2. **Personal Values**

a. **Purpose:** To demonstrate that behaviors ordinarily reflect values more than words reflect them.

b. **Instruction:** The facilitator should ask class members to list the five values most important to them, five activities they do, and five activities they would like to do on Worksheet AVC II-1, **Personal Values.** The facilitator should ask the students to fill out the chart with activities they do. The students should leave the last two columns blank. After everyone has filled in the worksheet, the facilitator should ask for a student to read an example from his or her chart. The facilitator can then lead a discussion focusing on the values demonstrated and the values in conflict in the student example. After this discussion, the facilitator can ask a student to read an example of an activity a student would like to do and lead a discussion on the values demonstrated and the values in conflict with this activity.

The participants should examine how their activities do and do not uphold their values and any conflict between what members of the class do and what they value.

The participants should examine the activities which they do most frequently and those on which they spend the most money. Then they should note those values which correspond to these activities.

c. **Thoughts to Consider:** Time, energy, and money are limited resources. When people expend resources on things they consider valuable, they are generally happier than if they squander their resources on things of lesser value. Also, keep in mind that people may say they hold a particular value while acting otherwise. When actions (behaviors) conflict with expressed values, one or the other must change if the conflict is to be resolved.

3. **Values Conflicts**

   a. **Purpose:** To give students an opportunity to examine how they manage values conflicts.

   b. **Instruction:** The facilitator should ask class members to use Worksheet AVC II-2, **Values Conflicts**, to determine the conflicts in values the activities produce. The facilitator should ask the students to fill in what they do about their values conflicts and what they would like to do about them.

   c. **Discussion:** The facilitator should begin a discussion in which the students have an opportunity to discuss the experiences they have when their values conflict with their actions or activities. This kind of conflict is generally experienced as uncomfortable, and the facilitator should encourage the students to explore what they do when they feel this discomfort and what they believe might be more helpful to do when they feel this discomfort.

Dialogue: Attitude and Values Clarification
(15 minutes)

At the close of the values clarification exercises, the facilitator should ask class members to share what they have learned about themselves in this module as well as in the other values clarification module, and what they have decided to apply to their lives. Participants can focus on what was easy, what was difficult, what was surprising, what was expected, and what was beneficial about the experience.

Summary: Review of Content and Process
(5 minutes)

The facilitator should poll the group for a participant who is willing to lead a closure experience for the class. The facilitator can provide support and backup for the participant. Any of the closure exercises used heretofore, or a new one, may be used.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

SELF-AWARENESS SKILLS IV: BUILDING HELPFUL RELATIONSHIPS

I. Summary of the Module

The main concept in this module is assertiveness. Participants have a chance to discuss which circumstances enable them to disclose their thoughts and feelings without feeling at risk. The instruction on assertiveness includes comparisons of aggressive, passive, passive aggressive, and assertive behavior as well as descriptions of appropriate nonverbal and verbal assertions. Participants also have a chance to practice being assertive by taking part in role plays and receiving feedback about their behavior.

II. Goal and Objectives

Goal: Participants will distinguish among the types of behavioral responses to situations and will examine the value of assertiveness in their relationships and make the changes necessary to insure that they are able to develop a support network for assistance in goal achievement.

Objectives:

Participants will estimate their own assertiveness by answering the **Assertiveness Questionnaire.**

Participants will distinguish between aggressive, passive, passive aggressive, and assertive behavior.

Participants will recognize how the principles of economy and control apply to behavior.

Participants will practice assertiveness skills in a role playing exercise involving situations where they typically behave passively or aggressively.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Why Self-Disclose? (15 minutes)
Instruction: Assertiveness (20 minutes)
Application Exercise: Assertiveness Training (40 minutes)
Summary: Review of Content and Process (10 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet SAS IV-1 **Assertiveness Questionnaire**

V. Key Terms

Aggressive Behavior

Aggressive behavior is acting in a manner which allows a person to try to get what he or she wants, no matter what the cost to anyone else. A person who uses aggressive behavior may feel angry or frustrated. Aggressive behavior includes threatening, accusing, fighting, and attacking behavior. This behavior can produce problems because other people tend to dislike or avoid those who act aggressively.

Passive Behavior

Passive behavior is acting in a manner which allows other people to get what they want at the expense of oneself. A person who uses only passive behavior may feel helpless or out of control. Passive behavior includes waiting, receiving, and enduring without resistance what others impose. Sometimes, a person who acts passively becomes angry and then acts aggressively in an effort to regain control.

Passive Aggressive Behavior

Passive aggressive behavior is acting in a manner which allows a person to try to get what he or she wants by indirect, subtle means. A person who uses passive aggressive behavior may feel angry, but he or she also may feel helpless. Passive aggressive behavior is an indirect effort to control others and is sometimes difficult to interpret. Passive aggressive behavior includes:

1. sarcasm or unkind works;
2. procrastination and dawdling; and/or
3. inefficiency or forgetfulness.

All of these behaviors are indirect expressions of hostility, indirect ways of resisting authority, or indirect means of controlling others.

Passive aggressive behavior is more common than either passive behavior or aggressive behavior. It is usually very subtle and appears more socially acceptable than aggressive behavior.

Assertive Behavior

Assertive behavior is acting in a manner which allows a person to obtain what he or she wants, but does not violate the rights of others. An assertive person often gives people feedback about how their behavior is affecting him or her ("When you cut in line in front of me, I get very angry."). Assertive behavior can also mean planning a course of action and sticking to it ("I'm wondering if there's a way for both of us to succeed here?"). Assertive behavior is a skill which a person can use, but the use of the skill will not always produce what the person wants.

Role Playing

Role playing is a dramatic technique which will enable a person to experience a situation (or a person) from another perspective. It means that the person either acts as if he or she is another person or places himself or herself in a new or different situation, identifies the feelings, and determines the appropriateness of them.

Participants all have several roles everyday: father or mother (family), friend (social), sailor, C.P.O., Airedale (occupational), and so forth. Role playing is a good way to practice, in a safe setting, some new ways to relate to others. If someone is going to do a role play, he or she should:

1. think about the role for a few minutes before beginning;
2. give other people information that they need in order to act or to watch the role play;
3. pay attention to how he or she is feeling and to what the others say;
4. ask for feedback; and
5. spend some time moving out of the role back to "self."

Self-Confidence

Self-confidence is a result of a process through which individuals develop a sense of control over themselves and, to some degree, over the environment.

Self-confidence is usually developed as a person:

1. learns skills to help get what he or she wants;
2. learns skills to cope with situations where his or her needs cannot be met;
3. puts those skills into practice; and
4. has some successful experience with those new skills.

Self-Disclosure

Self-disclosure is a process in which a person tells others about himself or herself. Self-disclosure involves several parts:

1. the appropriate amount of time (It would not be a good idea to disclose one's marriage problems during a ten minute coffee break.);
2. an appropriate place (It may not be best to disclose one's drinking problems while standing in the checkout line of the exchange.); and
3. the appropriate person (It may not be such a great idea to disclose sexual problems to the unit "big mouth.").

When self-disclosing, a person should focus on what he or she is thinking and/or feeling at the moment. Self-disclosures that deal only with the past or with facts seem easier, but these do not clarify what is happening in the present.

Self-Esteem

A person with self-esteem respects himself or herself as a person who:

1. has a wide array of life skills from which to choose;
2. is willing to use these skills effectively; and
3. is willing to cope when things do not go as planned.

This does not mean that if a person has high self-esteem things never go wrong. It does mean that no matter what happens, the individual will use skills that are appropriate to get through the situation.

VI. References

1. Alberti, R. E. and Emmons, M. L. **Your Perfect Right** (4th ed.). San Luis Obispo, CA: Impact Publishers, 1982.

2. Davis, M., Eshelman, E. R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.

3. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

4. Kelly, C. **Assertion Training: A Facilitator's Guide.** San Diego, CA: University Associates, 1979.

5. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

SELF-AWARENESS SKILLS IV: BUILDING HELPFUL RELATIONSHIPS

The central point in Self-Awareness Skills IV is self-disclosure. After participants have become more self-aware, they need to learn how to share their thoughts and feelings with others in ways which are appropriate and enhancing to their personal and professional relationships.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Why Self-Disclose?
(15 minutes)

Speaking for self (self-disclosure) is a basic skill necessary for building relationships with others. When people speak for themselves, they identify themselves as being central in their awareness. They report their thoughts, feelings, intentions, and actions, and they indicate that they are totally responsible for them. The phrases: "I think," "I feel," and "I want" are verbal messages that identify the person as the source of his or her ideas. The importance of this skill is that it communicates a sense of closeness between people which often leads to a deeper mutual understanding. This closeness usually begins through persons experiencing themselves as having quite similar experiences as others--as being not all that different from others.

When people disclose their self-awareness to others, especially their thoughts, feelings, and plans for future actions, they may be taking a risk. Taking a risk means doing or saying something which makes one feel vulnerable to others. The degree of risk depends on the topic, the speaker's self-confidence, and the kind and quality of the relationship with the other person(s). For example, revealing a personal decision to stop using drugs may result in the loss of friends, especially if a person has frequently used drugs with those friends in the past. But disclosing this decision provides important information about oneself and one's plans and assists the others in revising their expectations regarding the speaker's future actions.

Question for Discussion:

The facilitator should present the following open ended question to the group:

"What circumstances permit you to disclose 'risky' information about yourself to someone else? For example, under what circumstances would you feel safe discussing your use of alcohol and drugs with others?"

Student responses can be written on the board.

The facilitator and group should then discuss how self-disclosure is selective and depends on certain factors such as the situation, people present, topic, and so forth. As the focus of disclosure becomes more private, the degree of risk increases. This holds true whether the person is disclosing positive or negative beliefs or feelings. For example, when one says, "I like you and want to know you better," one is taking a risk just as much as when one says, "I don't like you." Both of these statements may create an uneasy atmosphere in that the person may feel more vulnerable than he or she would feel if the disclosures were something like "I like your outfit."

Why do people feel vulnerable when disclosing information about themselves?

1. Statements about feelings and intentions can be risky because the outcome is uncertain; people do not really know if others will accept or reject them.
2. Disclosures can injure people's self-esteem, or the stability of their relationships. For example, when a person tells a friend that he or she is disappointed in the relationship, the friend may feel upset.
3. People's thoughts and feelings about themselves are other factors which determine the degree of risk of disclosures. People who believe that their thoughts and feelings are stupid or silly or not worth sharing expect to be put down or misunderstood if they share them. Persons who engage frequently in these kinds of negative thoughts are said to be low in self-esteem and are consequently fearful of making disclosures. However, people with high self-esteem usually accept themselves and generally expect others to follow suit. These persons experience disclosure as less risky because they anticipate rejection or other difficulties less often, and because they depend more on their own self-evaluation as their measure of self-worth.

Taking risks often feels scary, but it also has several advantages, some of which are listed below:

1. A person may be accepted by others.
2. Other people may help a person achieve goals.
3. Self-esteem may increase.
4. A person may trust self more and therefore be ready to trust other persons more often.

The facilitator should now develop a class discussion by drawing on students' examples of the positive and negative aspects of self-disclosure. The focus of this discussion should move gradually toward the point that self-disclosure skills lie at the foundation of assertive behavior.

Instruction: Assertiveness

(20 minutes)

For many people a common source of stress is interpersonal difficulties. One way to adapt to this source of stress is by learning to communicate honestly and directly with others. Assertive communication follows the principles of control and economy. Assertive communication means saying what needs to be said: no more and no less. It also increases the chances that a person's point of view will be respected.

People are entitled to make their own choices as to how they will act in situations. It is important to realize, however, that certain choices people make may influence their future actions. For example, someone who joins the Navy agrees to follow instructions and orders. So, his or her choices about how to act in the Navy environment are limited and already well defined, as a result of having accepted the military uniform. In other situations, when the person is involved in interpersonal relationships off duty, choices about how to act are broader and not as clearly defined. These choices depend on the kind of relationship and the individual's specific intentions and goals. Regardless of the situation, people are responsible for the consequences of their actions. There are times when the results of one's actions are not what is expected or even wanted. Typically, this happens because the person has not behaved in a way that helps him or her reach goals and allows a good feeling about self and others.

In every interpersonal situation, people have the choice of acting in an assertive, aggressive, passive, or passive aggressive manner. Most of the time when people choose to act nonassertively, they end up feeling stressed, feeling bad, and not getting what they want out of the interaction. When they choose to act assertively in a situation, they most often feel good about their behavior and may be closer to reaching their desired goals.

At this time, the facilitator should write the four types of behavior in columns on the board:

Aggressive **Passive** **Passive Aggressive** **Assertive**

The facilitator should ask students to think of words that to them have the same meaning or are associated with each of the four headings and list the words they come up with under the appropriate heading. The facilitator can then ask students to provide examples of each behavior and to describe how they act and feel when they behave in each of the aggressive, passive, passive aggressive, and assertive manners. If the facilitator provides examples, he or she should concentrate on situations which involve alcohol and drugs.

Aggressive Behavior: Aggressive behavior is acting in a manner which allows a person to try to get what he or she wants, no matter what the cost to anyone else. A person who uses aggressive behavior may feel angry or frustrated. Aggressive behavior includes threatening, accusing, fighting, and attacking behavior. This behavior can produce problems because other people tend to dislike or avoid those who act aggressively.

Passive Behavior: Passive behavior is acting in a manner which allows other people to get what they want at the expense of oneself. A person who uses only passive behavior may feel helpless or out of control. Passive behavior includes waiting, receiving, and enduring without resistance what others impose. Sometimes, a person who acts passively becomes angry and then acts aggressively in an effort to regain control.

Passive Aggressive Behavior: Passive aggressive behavior is acting in a manner which allows a person to try to get what he or she wants by indirect, subtle means. A person who uses passive aggressive behavior may feel angry, but he or she also may feel helpless. Passive aggressive behavior is an indirect effort to control others and is sometimes difficult to interpret. Passive aggressive behavior includes:

1. sarcasm or unkind words;
2. procrastination and dawdling; and
3. inefficiency or forgetfulness.

All of these behaviors are indirect expressions of hostility, indirect ways of resisting authority, or indirect means of controlling others.

Passive aggressive behavior is more common than either passive behavior or aggressive behavior. It is usually very subtle and appears more socially acceptable than aggressive behavior.

Assertive Behavior: Assertive behavior is acting in a manner which allows a person to obtain what he or she wants, but does not violate the rights of others. An assertive person often gives people feedback about how their behavior is affecting him or her ("When you cut in line in front of me, I got very angry."). Assertive behavior can also mean planning a course of action and sticking to it ("And I'm wondering if there's a way for both of us to succeed here?"). Assertive behavior is a skill which a person can use, but it will not always produce what the person wants.

Assertion is important because it enables people to enhance self-respect by developing healthy ways of interacting with others and frees them from the stress they experience when they behave either passively or aggressively. Assertive behavior is a skill to be learned and is specific to each situation. Assertiveness must be practiced in order to be automatic and communicate one's needs, wants, and opinions without punishing, threatening, or belittling others.

Verbal and Nonverbal Assertion

Nonverbal Assertion, appropriate to the situation and the relevant cultural background, includes:

1. eye contact (not a "stare down" but not avoidance either);
2. facial expressions;
3. body posture (erect, not slumped or towering);
4. personal distance (not too far and not too close); and
5. voice tone and volume, rate of speech, and fluency.

Verbal Assertion, appropriate to the situation, includes:

1. description of the event or behavior which is problematic;
2. expression of thoughts and/or feelings about the event or behavior;
3. explanation of the perceived effects of the other person's behavior;
4. empathy* toward the other person;
5. description of preferred behavior or expected behavior from the other person; and
6. use of "I" language rather than accusing or blaming "you" language.

*Empathy is a skill which shows that one understands another person because he or she is seeing things from that person's frame of reference. When demonstrating empathy, one actively listens to what the other person says and reflects content and feelings.

All, or some, of these components happen in assertive behavior, depending on what the person is communicating. For example:

> "When I breathe in cigarette smoke (describe), I get headaches and feel frustrated (express) because I can't concentrate on what is going on in class (explain). I know that some people like to smoke and find it a help to their concentration when they smoke (empathy). I would like to work on some kind of solution to my problem (specify)."

The facilitator should review with the class, at this point, the differences between passive, passive aggressive, aggressive, and assertive responses to situations. The facilitator should insure that members of the class can distinguish these different styles of behavior by giving several examples of interpersonal situations and asking class members to describe the different responses.

There are a number of ways in which people develop the skill of assertive behavior. Most often, assertive behavior is learned by directly observing parents or other role models. Other ways include reading and practicing the suggestions in books on the topic or in classes offered by both Navy and civilian sources. Overall, the behavior standards of the culture of which one is a part (the Navy is a culture, too) dictate the situations, and the manner of assertive behavior, as well as the rules of appropriateness (for example, "respect your leaders no matter what," "don't talk back," and "be seen but not heard"). The facilitator should ask class members for some examples of behavior standards from their home environment.

Assertiveness in the Navy

The facilitator can ask the class to discuss assertiveness in the Navy, using the following situations to develop examples:

1. being assertive with subordinates;
2. being assertive with superiors (rank or authority); and
3. being assertive with peers.

Being assertive with subordinates is sometimes ignored because being aggressive often appears easier and sometimes more effective. Aggressiveness is sometimes rewarded in the Navy with comments like "Good job! You really showed them who is in charge!" Assertiveness often does not seem to stand out as readily as aggressiveness.

Being assertive with superiors is often thought to be against Navy rules since assertiveness is often confused with aggression, and aggression is not appropriate. Contrary to what some people believe, Navy regulations and the Uniform Code of Military Justice **require** assertiveness. Passive compliance by subordinates with superiors because of their higher rank is no excuse or legal defense for inappropriate behavior. However, being assertive with superiors can be risky when superiors are uncomfortable with it. In situations where this is the case, both passive and aggressive behavior are often rewarded. For example, passive behavior may be rewarded because "Good sailors always do exactly what they are told to do; nothing more and nothing less," and aggressive behavior is often rewarded by peers and subordinates: "Wow! Did you hear how he nailed the Chief/Division Officer/XO/CO?"

Being assertive with peers may seem risky since there is the potential for loss of camaraderie and belonging if a person goes against the group's wishes. The pressure to conform to one's peers is greater if helpful and fulfilling relationships with subordinates and superiors are difficult to achieve.

Application Exercise: Assertiveness Training
(40 minutes)

The facilitator should ask the students to turn to Worksheet SAS IV-1, **Assertiveness Questionnaire**, and fill it out. When the students have completed the questionnaire, the facilitator should ask the students what they learned about the situations in which they have difficulty behaving assertively. When this discussion has been completed, the facilitator should set up a role play.

The facilitator should ask for two people who are willing to take part in a role play involving refusing a request. One person, the target person, will have trouble saying "No." The other person, the antagonist, will make a request. The facilitator will act as a coach in order to help the target person if needed. The target person should explain to the antagonist a real situation in which he or she frequently has trouble saying "No" (at work, home, or school). The target person should describe the scene, the personal stance of the antagonist, the kinds of things to be said in order to get the target person to say "Yes." The target person must make sure the antagonist has a thorough understanding of the role to be played.

The antagonist then assumes the role of the request maker. The target person plays himself or herself in the difficult situation. The first time through, he or she responds to the request as usual. The target person then goes through the role play again but this time responds assertively and refuses the request. The facilitator should coach the target person to be clear, direct, and appropriate in communicating the assertive statements. Some people need little help and others need a lot depending on how difficult it is for the person to refuse requests. The facilitator should give the person support, feedback, and suggestions until he or she feels comfortable with making assertive responses.

After the exercise, the facilitator should ask the two volunteers how they felt about their respective roles.

1. How did you feel when you were being passive? Assertive?
2. What did you notice about your body in the respective roles (muscular tension, pounding heart, dry mouth, shakiness)?
3. What did you say to yourself to produce the desired (assertive) response?
4. What did you think about, and how did you feel about yourself after the two roles?

Ask for feedback from other participants that would make the role play more effective or beneficial as a learning model for them.

The facilitator should next divide the students into groups of three. The groups should decide who is to be the target person, antagonist, and coach. The target person must think of a situation in which he or she typically responds either passively or aggressively and would like to respond or act assertively.

Some situations in which people frequently have trouble behaving assertively are:

1. giving and receiving compliments;
2. making requests, asking for favors or exceptions;
3. expressing liking, love, and affection;
4. initiating and maintaining conversations;
5. expressing justified annoyance and displeasure, and/or
6. expressing anger.

The role play will run for about eight minutes. Then people in the triad should switch roles and repeat the process. A few moments should be allowed for reflection between switching roles as well as time to permit each person to have a chance to be the target person, antagonist, and coach. Each role play should also focus on a different assertive situation so that participants are exposed to a range of experiences.

Upon completion of the exercise, participants will reassemble into a large group. The facilitator should ask members to share their experiences about what they learned about themselves. The facilitator can use the same questions that were provided in the demonstration in order to guide a discussion about the exercise. The target persons should report on the feedback and coaching they received. The facilitator is to find out if any participants would be willing to share with the class how they actually constructed their verbal and nonverbal communication to behave assertively.

After the discussion, the facilitator can remind students that assertiveness is a skill which is learned and which requires practice in order to become part of a person's everyday behavior. Assertiveness will not solve all problems. However, it will help a person to feel calm and in control in interpersonal situations.

Summary: Review of Content and Process
(10 minutes)

At the close of the self-awareness skills component, the facilitator should ask participants to review and summarize the basic skills learned. These should include:

1. assertiveness;
2. awareness of self;
3. taking responsibility for self ("I...");
4. self-disclosure;
5. effective listening; and
6. guidelines for feedback.

Now that one third of the course is completed, the facilitator should point out that the curriculum begins with self-awareness skills training in order to set up conditions for open and constructive interactions among class members. The kind of atmosphere created by the practice of these skills is a requirement for achieving the course goals, regardless of the content being discussed. Because participants will surely have different values, beliefs, and attitudes, they will need to know how to respond openly to others, without judgment or defensiveness. Should communication break down at any point during the course, the facilitator can refer to what was learned during these initial modules. Following this the facilitator should review the development of the group rapport, cohesion, task orientation, and other process elements.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES III: DRIVING UNDER THE INFLUENCE

I. Summary of the Module

This module addresses the problems of personal judgment and appropriate behavior related to drinking alcohol and using other drugs, and then driving a motor vehicle. The instruction part of this module focuses on Blood Alcohol Concentration (BAC). Participants learn how BAC is measured, factors which affect BAC, and behavioral effects that can be expected at each concentration. Participants will learn the consequences of marijuana use on the driving task and are introduced to the effects of combining alcohol and marijuana. Viewing the film, **Until I Get Caught**, enables the students to further examine the scope of the intoxicated driving problem. A role playing exercise is provided to help students identify their values about intoxicated driving in order to synthesize the information presented up to now in the course, and to assist students in developing their self-contracts.

II. Goal and Objectives

Goal: Participants will examine their past use of marijuana and/or alcohol prior to driving a motor vehicle and discover alternative behaviors for the future.

Objectives:

Participants will identify five factors which affect Blood Alcohol Concentration (BAC).

Participants will be able to relate the behavioral effects of different BAC levels to their own experiences with alcohol, using a series of prepared discussion questions.

Participants will identify the effects of marijuana use on performance and judgment in operating a motor vehicle.

Participants will summarize the laws governing Driving Under the Influence of Intoxicants of the state in which they are taking the course.

Participants will develop personal plans to avoid drinking and driving, and will demonstrate specific ways to deal with intoxicated people who want to drive, by developing individual self-contracts.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Blood Alcohol Concentration (BAC) (15 minutes)
Instruction: Consequences of Marijuana Use on Driving Performance (5 minutes)
Instruction: The Potentiating Effects of Combined Marijuana and Alcohol Use on Driving Performance (5 minutes)
Movie: "Until I Get Caught" (35 minutes)
Application Exercise: Responsible Decisions About Substance Use and Driving (20 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP III-1	**Defining a Drink**
Worksheet DP III-2	**Alcohol Body Weight Interaction**
Worksheet DP III-3	**Profile of a Party**
Worksheet DP III-4	**Blood Alcohol Concentration**
Worksheet DP III-5	**Sensing Effects**
Worksheet DP III-6	**Self-Contract to Drive without Drinking**
Worksheet DP III-7	**Self-Contract for Responsible Action in a Drinking Situation**
Worksheet DP III-8	**Handout: Local Laws Governing Intoxicated Driving**

V. Key Terms

Alcohol

The word alcohol comes from Arabic roots, **al kohl**, meaning "the fine powder of antimony." As Europeans used the word, the meaning changed from "any finely divided substance" to "the essence of a thing," to "the essence of any beverage containing alcohol." Alcohol now refers to any beverage which is made by fermentation. Fermentation refers to the process whereby certain yeasts act on sugar in the presence of water. The yeasts recombine the carbon, hydrogen, and oxygen of sugar and water into what is known as drinking alcohol, ethanol or ethyl alcohol, and carbon dioxide. Ethyl alcohol is sometimes written as ETOH in medical Charts and sceintific papers.

Alcoholic beverages in the United States and most other countries are legal drugs for people over a certain age, which is established by each country. The World Health Organization has labeled ethyl alcohol as a drug intermediate in kind and degree between habit forming and addictive drugs.

Blood Alcohol Concentration

BAC is the percent weight of alcohol in the blood based on the grams of alcohol per 100 milliliters of blood. 10% equals one drop of alcohol per 1,000 drops of blood. This equals a BAC of 0.10, the level at which a person is legally presumed drunk in most states.

BAC can be affected by the amount of alcohol consumed, by food that is consumed, by a person's weight, and by the time between drinks.

Marijuana

Evidence suggests that there are three species of marijuana plants: Canabis Sativa, Cannabis Indica, and Cannabis Ruderalis. Cannabis Sativa grows wild throughout the United States and Canada and typically contains less than 1% of the material that is known to make people feel high. It is commercially grown primarily because its fibers are used to make hemp rope. Cannabis Indica is the plant usually grown for its ability to make people feel high. The composition of this marijuana is 2 to 5% psychoactive material. Cannabis Ruderalis grows mainly in Russia and does not grow at all in the United States.

The primary psychoactive component of marijuana is Delta-9 tetrahydrocannabinol (THC). THC is found in the resin of the plant with the greatest concentration in the flowering parts, less in the leaves, and still less in the stems. Hash (or hashish) is a more concentrated form of marijuana because it is made from just the resins of the flowering parts of the marijuana plant.

Marijuana, as a drug, has had a long and colorful history. However, at the present time, possession, use, and sale of marijuana are illegal in every state in the United States. Although states vary in terms of the severity of the laws regulating use and possession of marijuana, the United States Navy has an offical policy of "zero tolerance" for all illegal drugs. Marijuana is an illegal drug.

Role Playing

Role playing is a dramatic technique which will enable a person to experience a situation (or a person) from another perspective. It means that the person either acts as if he or she were another person, or places himself or herself in a new or different situation, identifies the accompanying feelings, and determines the appropriateness of them.

Participants all have several roles everyday: father or mother (family), friend (social), sailor, C.P.O., Airedale (occupational), and so forth. Role playing is a good way to practice, in a safe setting, ways to relate to others. If someone is going to do a role play, he or she should:

1. think about the role for a few minutes before beginning;
2. give other people information that they need in order to act or to watch the role play;
3. pay attention to how he or she is feeling and to what the others say;
4. ask for feedback; and
5. spend some time moving out of the role back to "self."

Self-Contract

A self-contract is a formula or outline for identifying and clarifying personal goals, methods of action, resources, barriers, and time lines. This outline functions as a written promise to oneself to do or not do something. Putting the promise in writing increases the chances that the individual will remember to work on the goal.

Synergism

Synergism (1+1=3) is an action in which the outcome of the combination of two or more parts is greater than the addition of the individual parts. For example, although tobacco smoke and asbestos cause lung damage, the combined effect of both of them is more injurious to the lungs than each one individually. Likewise, coffee and the decongestant, pseudoephedrine, cause restlessness separately, but the combined effect of both of them is a greater degree of restlessness than could be anticipated by simply adding the effects of caffeine to pseudoephedrine. Similarly, the effects of either marijuana or alcohol impair driving ability. When both are consumed together driving is more impaired than by the mere sum of the effects of each.

Synergism is a process that applies to outcomes other than chemical ones. Consider the function of a rudder on a ship in that its attachment to the stern allows control over the ship's direction. The presence of the trimtab on the rudder greatly increases efficiency in directing the ship's course. The benefits of combining the trimtab with the rudder outnumber the sum total of the individual pieces.

In another example consider the complexity of group dynamics. Members of the group contribute to the group's processes by working for inclusion and for achievement of goals. The outcome is a dynamic process that exceeds the effects of merely summing the two types of contributions.

VI. References

1. Brecher, E. M. and the Editors of **Consumer Reports. Licit and Illicit Drugs.** Boston: Little, Brown and Co., 1972.

2. Donovan, D. M. and Marlatt, G. A. (1982). "Reasons for Drinking Among DWI Arrestees." **Addictive Behaviors 7:** 423-426.

3. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

4. Griffith, H. W. **Complete Guide to Prescription and Non-Prescription Drugs.** Tucson, AZ: HP Books, 1983.

5. Institute of Medicine. (1982). **Marijuana and Health** (Report of a Study by a Committee of the Institute of Medicine, Division of Health Sciences Policy). Washington, D.C.: National Academy Press.

6. Moskowitz, H. (1973). "Laboratory Studies of the Effects of Alcohol on Some Variables Related to Drinking." **Journal of Safety Research 5(3):** 185-199.

7. National Institute on Alcohol Abuse and Alcoholism. (1981). **Fourth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 82-1080). Washington, D.C.: U.S. Government Printing Office.

8. National Institute on Alcohol Abuse and Alcoholism. (1983). **Fifth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 84-1291). Washington, D.C.: U.S. Government Printing Office.

9. National Institute on Drug Abuse. (1982). **Marijuana and Health: Ninth Report to the U.S. Congress from the Secretary of Health and Human Services** (DHHS Publication No. ADM 82-1216). Washington, D.C.: U.S. Government Printing Office.

10. Ray, O. **Drugs, Society, and Human Behavior** (3rd ed.). St. Louis: The C.V. Mosby Co., 1983.

11. Richards, L. G. (Ed.). (1981). **Demographic Trends and Drug Abuse, 1980-1995** (Research Monograph 35). (DHHS Publication No. ADM 81-1069). Rockville, Maryland: National Institute on Drug Abuse.

12. Solomon, J. and Keeley, K. A. **Perspectives in Alcohol and Drug Abuse.** Bristol, England: John Wright. PSG Inc., 1982.

DRUG PRACTICES III: DRIVING UNDER THE INFLUENCE

This module deals with Blood Alcohol Concentration and traffic accidents associated with drinking, which is one problem related to alcohol misuse. There is also some focus on the driving performance effects of marijuana use.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Blood Alcohol Concentration (BAC)
(15 minutes)

The purpose of this module is to describe the elements related to Blood Alcohol Concentration (BAC). Emphasis will be placed on how it is measured and what physiological and behavioral changes occur at different BAC levels.

BAC is the percent weight of alcohol in the blood based upon the grams of alcohol per one hundred milliliters of blood. 10% equals one drop of alcohol per 1,000 drops of blood. This is equal to a BAC of 0.10.

The following factors affect Blood Alcohol Concentration:

1. the amount of alcohol consumed;
2. food eaten before or during drinking (Food will slow alcohol's absorption rate.);
3. time elapsed since drinking or between drinks (It takes approximately one hour for each drink to be metabolized by the liver in a healthy person.); and
4. body composition and weight (Females have more fatty tissue and weigh less, therefore, there is less dilution of alcohol in a woman and a higher concentration of alcohol in her bloodstream.).

What happens to us at various BAC levels?

The facilitator should convey the information on the chart to the class. The chart lists blood alcohol levels and the behavioral effects that can be expected at each concentration.

BAC	BEHAVIORAL EFFECTS
0.05	Lowered alertness (attention lapses), feeling of well being, release of inhibitions (talkativeness), impaired judgment (talking too loudly).
0.10	Slowed reaction times and impaired motor functions, carelessness (spilling drinks).
0.15	Large, consistent increases in reaction time (inability to stop a vehicle in order to avoid an accident).
0.20	Marked depression in sensory and motor capability, decidedly intoxicated (inability to perform a field sobriety test).
0.25	Severe motor disturbance (staggering), sensory perceptions greatly impaired (double vision).
0.30	Stuporous consciousness (no comprehension of the surrounding world).
0.35	Surgical anesthesia (almost complete loss of feeling and sensation), about LD 1 (lethal dose). One of every one hundred persons die with a BAC level of 0.35.
0.40	About LD 50 (in a coma or stupor). One half of all people will die with a BAC level of 0.40.

In most states, any person whose BAC is 0.10 or higher is judged to be intoxicated. Driving in this condition will result in a DWI/DUI/OUI (driving or operating while under the influence) conviction. This does not mean that it is safe to drive with a BAC of under 0.10. It just means that legally one is not automatically considered guilty of a crime when the BAC is less than 0.10.

At this time, the facilitator should hand out Worksheet DP III-8, provided by the Site Coordinator, and discuss state and local DWI/DUI/OUI laws which pertain to the class. The facilitator should specifically address consequences (personal, economic, and legal) of repeated DWI/DUI/OUI offenses, emphasizing the fact that the penalties become more severe with each subsequent offense.

The facilitator should refer the students to Worksheet DP III-1, **Defining a Drink**, and Worksheet DP III-2, **Alcohol Body Weight Interaction**, and discuss the contents of these worksheets with the class.

After this discussion is completed, the facilitator should ask the students to turn to Worksheet DP III-3, **Profile of a Party.** The facilitator should hand out the Drink/Drive Calculators and, as a class activity, develop a scenario for a party. The facilitator should write **Profile of a Party** on the chalkboard or on newsprint, using their own BAC as an example and ask the students to track their BACs on their individual worksheets, using their Drink/Drive Calculators to do so.

When **Profile of a Party** is finished, the facilitator should ask the students to graph their BACs during the six hour party on Worksheet DP III-4, **Blood Alcohol Concentration**, and refer to Worksheet DP III-5, **Sensing Effects** for discussion. The facilitator should ask the class to share their answers to the following questions:

1. How well do you think you drive after drinking?
2. What are your standards for driving after drinking?
3. If you had attended the party described above, what would your BAC have been at muster the next day? (Subtract 1 ounce per hour)

Instruction: Consequences of Marijuana Use on Driving Performance

(5 minutes)

The facilitator should make brief mention of the behavioral effects of marijuana use upon driving performance. Driving under the influence of marijuana is an increasingly frequent occurrence in our country. Many young people and adults regularly drive cars, ride bikes, scuba dive, or operate other machinery after using marijuana. Their general belief is that once they have adapted to this drug, they will be able to perform just as well or better than they could without the drug.

Most scientific studies conclude that marijuana decreases the person's ability to concentrate on the task, slows reaction time, and retards decision making.

People who like marijuana usually argue about its benefits and merits: they can kick back, socialize, and relax. Actually, people who use marijuana to "get rid of stress" find that when the "high" goes away the stress is still there.

Instruction: The Potentiating Effects of Combined Marijuana and Alcohol Use on Driving Performance

(5 minutes)

The facilitator is to mention that there are some individuals who drive under the combined influence of marijuana and alcohol, with a subsequent increase or potentiation in impairment on driving performance. The facilitator is again to refer the students to Worksheet DP III-5, **Sensing Effects**, and ask the class to share their answers to the following questions:

1. Based on your own experience, experiences of peers, or other information, what are specific examples of the potentiated effects of combined marijuana and alcohol use on driving performance?

2. What is your understanding of the risks of combining marijuana and alcohol in impairing driving performance?

Movie: "Until I Get Caught"

(35 minutes)

The facilitator should show the film, **Until I Get Caught** (27 minutes). After viewing, the facilitator can lead a discussion about the film using the following outline:

1. What is your reaction to the film?

2. Is anyone who has been arrested for a DWI/DUI/OUI willing to share that experience with the class? The following questions can be used to guide the discussion about the experience:

   a. What did you think at the time?
   b. How did you feel at the time?
   c. When stopped, were you able to admit to yourself or the police officer that you were impaired?
   d. What did you think and feel about your arrest a few days later?
   e. How have your drinking and driving practices changed since this experience?

3. Set up a role play according to the following:

   a. One participant plays the role of someone who caused personal injury or death while driving under the influence of alcohol.
   b. One participant plays the role of the prosecuting lawyer.
   c. One participant plays the role of the defense lawyer.

d. One participant plays the role of the judge.
e. The rest of the class plays the role of the jury.

Let the scene unfold as a trial would. After all the evidence has been presented, encourage all class members to contribute to the jury's discussion and decision.

4. What do you think about the DWI/DUI/OUI issue now? How have your feelings changed as a result of having participated in the role play?

Application Exercise: Responsible Decisions About Substance Use and Driving

(20 minutes)

The purpose of this exercise is to use all information in this module to construct two role plays. The roles are designed to help class members think about what constitutes responsible decisions about the intoxicated driving problem.

The facilitator should ask for students who are willing to take part in a role play. The first role play will be a party. One person will play the role of a drunk (or stoned) person, or a person who has been drinking alcohol and smoking marijuana. Another will be the host. One may play the part of a "friend" who is encouraging the intoxicated person to drive himself or herself home; another may be a friend who is discouraging him or her from driving. The object of the role is for the host to prevent the intoxicated person from driving home, no matter how much resistance is demonstrated. After the role play, the facilitator will ask participants to discuss their thoughts and feelings about the experience. Which strategy was the most effective? Which was least effective?

The facilitator should ask for another group of students to enact a bar scene. One person will again play the part of a drunk person. This person may be at a bar alone, with friends, or in the company of strangers. In this role, the bartender is to prevent the intoxicated person from driving home. The same rules apply as in the previous scene. After the role play is complete, the facilitator will again ask participants to share thoughts and feelings, and to elaborate on the strategy which was most convincing and the one that was least convincing.

At this point, the facilitator should ask the group members who have not been in either role play to share their feelings and any other feedback they have regarding effective methods for preventing intoxicated driving. The facilitator should introduce Worksheet DP III-6, **Self-Contract to Drive Without Drinking** and Worksheet DP III-7,

Responsible Action in a Drinking Situation, and ask the students to choose one of these to complete in class.

Question for Discussion:

What are some specific things you plan to do in order to not drive under the influence of drugs or alcohol? For example, if you plan to attend a party several miles from where you live and you know you will be drinking alcoholic beverages, what are some realistic options for you? Or, if you have a party and one or more of your guests is drunk and planning to drive home, what is your responsibility for this person and others?

Summary: Review of Content and Process
(5 minutes)

The facilitator should provide some process comments regarding the group moods during the information phase and through the courtroom (or other) role play phase of the class.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES IV: ALCOHOL--AMERICA'S NUMBER ONE DRUG

I. Summary of the Module

This module introduces alcohol as a drug and begins with an examination of some of the problems associated with alcohol use. The instruction part of this module emphasizes factors which determine how alcohol and the person interact, and major effects that alcohol has on most people and American society. At the end of the module, participants examine their own drinking and develop a **Self-Contract for Responsible Drinking** or a **Self-Contract for Responsible Abstaining.**

II. Goal and Objectives

Goal: Participants will examine their own thinking and the media presentation of alcohol use as a preliminary to learning facts about alcohol use and its consequences, in order to apply these facts to their own drinking behavior.

Objectives:

Participants will examine how alcohol and the person interact, alcohol's more common effects, and the most frequent social and economic problems associated with alcohol use.

Participants will learn a useful conceptual continuum of alcohol use.

Participants will complete a self-assessment of their drinking behavior.

Participants will develop a Self-Contract for **Responsible Drinking.**

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Costs, Interactions, and Effects (15 minutes)
Debate: Alcohol Use in America (25 minutes)
Application Exercise: Personal Use of Alcohol (25 minutes)
Application Exercise: Becoming a Responsible Drinker (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP IV-1	**Warning Signals**
Worksheet DP IV-2	**Debate**
Worksheet DP IV-3	**Media and Myths**
Worksheet DP IV-4	**Stages of Dependency and Addiction**
Worksheet DP IV-5	**Personal Guidelines for Responsible Alcohol Consumption**
Worksheet DP IV-6	**Facts about Responsible Drinking**
Worksheet DP IV-7	**Self-Contract for Responsible Drinking**
Worksheet DP IV-8	**Self-Contract for Responsible Abstaining**

V. Key Terms

Abstinence

Abstinence is a voluntary decision to hold back from doing something that a person might otherwise do.

Abstaining from drinking alcohol means making a conscious decision not to drink alcoholic beverages. The reasons for abstinence can include:

1. religious reasons (Some religious denominations prohibit drinking alcohol.);
2. health reasons (Alcohol is a toxic substance, and some people decide to abstain for their health.);
3. pregnancy (A pregnant woman may abstain to prevent damage to her unborn baby.); and
4. historical reasons (A person who has had a difficult history with alcohol can decide to make a commitment never to drink alcohol again.).

Although it may be difficult in this society, a person has the right not to drink and to be free from harrassment because of that decision.

Alcohol

The word alcohol comes from Arabic roots, al kohl, meaning "the fine powder of antimony." As Europeans used the word, the meaning changed from "any finely divided substance" to "the essence of a thing," to "the essence of any beverage containing alcohol." Alcohol now refers to any beverage which is made by fermentation. Fermentation refers to the process whereby certain yeasts act on sugar in the presence of water. The yeasts recombine the carbon, hydrogen, and oxygen of sugar and water into what is known as drinking alcohol, ethanol or ethyl alcohol, and carbon dioxide. Ethyl alcohol is sometimes written as ETOH in medical charts and scientific papers.

Alcoholic beverages in the United States and most other countries are legal drugs for people over a certain age, which is established by each country. The World Health Organization has labeled ethyl alcohol as a drug intermediate in kind and degree between habit forming and addictive drugs.

Alcohol Abuse

Alcohol abuse is any use of alcoholic beverages that results in one or more problems for a person, a person's family, the social environment, and/or the work environment. One does not have to be an alcoholic or have the illness called alcoholism to abuse alcohol. He or she can just drink too much. Alcohol abuse is by far the largest drug problem in our nation today. Alcohol related incidents, such as automobile accidents, are the third leading cause of death.

Alcohol Dependent

Alcohol dependent usually refers to a person's physiological requirement for alcohol. This means that the body has adjusted to the continued presence of alcohol and that it reacts to the removal of alcohol by getting tense or jittery. Some symptoms of alcohol dependence include;

1. withdrawal symptoms when alcohol consumption is decreased dramatically or interrupted; Withdrawal can include:
    a. tremors (trembling),
    b. hallucinations (seeing or hearing things that are not there),
    c. seizures, and
    d. delirium tremens (DTs).
2. increased tolerance for alcohol, such as being able to drink a fifth of hard liquor with no apparent signs of drunkenness; and
3. occurrence of blackouts. A person is awake but later has no memory of what happened during that time period.

Alcohol Use

Alcohol use is the drinking of alcoholic beverages by any individual. Alcohol use also implies responsible use, that is, the use of alcohol that does not cause damage to oneself or to society.

Alcoholic

There are about as many definitions of an alcoholic as there are people who have alcoholism. One good working definition is someone who uses alcohol to such a degree and in such a way that it interferes with his or her personal, family, social, or work behavior. This definition covers the consequences of alcohol use for the person and for society.

The term alcoholic can also have a personal definition. One can define oneself as an alcoholic at any point in his or her drinking history.

Alcoholism

Alcoholism is currently regarded as a medical diagnosis for "an illness which is characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological , or social dysfunction." (American Medical Association. **Manual on Alcoholism.** Monroe, Wisconsin: AMA, 1977, p. 4) The important point is not the definition itself, but rather that those persons who are experiencing difficulties related to their drinking look honestly at themselves and their drinking habits.

There is much controversy in the field of alcohol treatment and research about the definition of alcoholism. The important things for a person to do are:

1. examine his or her own personal definition of alcoholism (Where did it come from? Why do I believe it? Am I open to other definitions?);
2. be aware that the definition of alcoholism changes from setting to setting (The definition that works in a medical hospital may not work in a research laboratory.);
3. be aware that the definition of alcoholism has undergone and may still undergo many changes as more information becomes available; and
4. allow others the freedom to create a definition that will be most useful to them, even if it is different from the AMA definition or one's own definition.

Self-Contract

A self-contract is a formula or outline for identifying and clarifying personal goals, methods of action, resources, barriers, and time lines. This outline functions as a written promise to oneself to do or not do something. Putting the promise in writing increases the chances that the individual will remember to work on the goal.

VI. References

1. American Medical Association. **Manual on Alcoholism** (3rd ed.). Monroe, WI: American Medical Association, 1977.

2. Brecher, E. M. and the Editors of **Consumer Reports. Licit and Illicit Drugs.** Boston: Little, Brown and Co., 1972.

3. Edwards, G. and Gross, M. M. (1976). "Alcohol Dependence: Provisional Description of a Clinical Syndrome." **British Medical Journal** (1 May): 1058-1061.

4. Estes, N. J. and Heinemann, M. E. **Alcoholism** (2nd ed.). St. Louis: The C.V. Mosby Co., 1982.

5. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

6. Klatsky, A. L., Friedman, G. D. and Siegelaub, A. B. (1981). "Alcohol and Mortality: A Ten-Year Kaiser-Permanente Experience." **Annals of Internal Medicine 95**: 139-145.

7. National Institute on Alcohol Abuse and Alcoholism. (1981). **Fourth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 82-1080). Washington, D.C.: U.S. Government Printing Office.

8. National Institute on Alcohol Abuse and Alcoholism. (1983). **Fifth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 84-1291). Washington, D.C.: U.S. Government Printing Office.

9. Ray, O. **Drugs, Society, and Human Behavior** (3rd ed.). St. Louis: The C.V. Mosby Co., 1983.

10. Room, R. (1974) "Governing Images and the Prevention of Alcohol Problems." **Preventive Medicine 3**: 11-23.

11. Solomon, J. and Keeley, K. A. **Perspectives in Alcohol and Drug Abuse.** Bristol, England: John Wright. PSG Inc., 1982.

12. World Health Organization Memoranda. (1981). "Nomenclature and Classification of Drug and Alcohol Related Problems: a WHO Memorandum." **Bulletin of the World Health Organization 59(2)**: 225-242.

DRUG PRACTICES IV: ALCOHOL--AMERICA'S NUMBER ONE DRUG

This module deals with alcohol, a commonly used drug in the United States and perhaps the most popular drug in the world. People often use alcohol to celebrate or to relieve tension and pressure when, in fact, its misuse causes individual and social disruption and creates individual and situational stress. This module examines problems associated with alcohol use, how the individual and alcohol interact, and alcohol's most common effects.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Costs, Interactions, and Effects

(15 minutes)

Approximately 70 to 75% of the American adult population uses alcohol. Though most adults report sensible drinking, many alcohol related problems result in other problems: lost time from work; driving accidents; arguments and violence with family and friends; and gastrointestinal and other physiological difficulties. Some persons become alcohol dependent. The problem drinker and the alcoholic (their significant others and peers) pay a high price for their destructive corelationship with this drug.

The facilitator should request some examples of alcohol related difficulties from participants' experience and write these down. The facilitator should then refer the students to Worksheet DP IV-1, **Warning Signals**, ask the students to complete this worksheet, and encourage a discussion of it when it is completed.

Through advertising media--a value setting institution which continually strives to direct and redirect the person's thinking and emotions towards a goal --a person might convincingly be led to believe that alcohol use in 90% of American drinkers actually enhances individual and social life. The facilitator should ask participants to look at the alcohol ads they have brought and have students read the catchwords or slogans (for example: "Gold Rum. The first sip will amaze you. The second will convert you."). The purpose of this activity is to assist participants in a self-assessment of their reasons for drinking. There are no "good" or "bad" reasons; there are, simply, reasons. If some participants have not brought in an ad, ask those persons to develop a slogan that would fit their reasons for drinking. In order to appreciate the effects of the prevailing attitude, which strongly asserts the pleasures of alcohol and rarely mentions the concurrent disturbances, the individual must probe the arguments supporting the attitude. Following this, opposing evidence must be assessed.

Debate: Alcohol Use in America
(25 minutes)

Are Americans becoming more moderate in their drinking practices?

The facilitator can ask participants to brainstorm ideas first which support and then which oppose the generalization that Americans are becoming more moderate drinkers. After some ideas have been expressed, the facilitator should arrange for a debate of the question. The facilitator should ask for volunteers and set up two debating teams and a panel of judges. When the teams have decided which side of the question they want to debate, the facilitator should refer the class to Worksheet DP IV-2, **Debate.** Then, the facilitator should allow the two teams time to prepare their arguments and the judges time to decide how they will rate the teams and determine the winner of the debate.

Supporting Evidence

1. Low content alcoholic drinks (wine, light wine, beer, light beer and low alcohol beer) account for the greater proportion (61%) of all liquor sales.

2. Alcohol use has, since 1960, become an increasingly ordinary event in the American lifestyle. More women have become drinkers than before 1960 and most drinking occurs in the home.

3. In 1960, most of the "hard liquor" purchased was 86 proof with a significant proportion of 90 and 100 proof spirits made or sold. In 1980, most spirits purchased were only 80 proof.

4. When dividing sales figures for commercial and homemade liquors by the number of people 14 years of age and older, Americans consume much less alcohol than people in other countries do. Americans consume:

Americans consume:

50% less than the French and Portuguese;
40% less than the Germans; and
30% less than the Swiss or Italians.

5. According to the Alcohol Research Group, University of California at Berkeley, the majority of drinkers describe themselves as "moderate" or "light" drinkers, "occasional" rather than "frequent," and "sporadic" rather than "regular."

6. Research studies have shown (for example, Klatsky, Friedman, and Siegelaub, 1981) that up to an ounce of alcohol per day may have positive effects on the body, such as increased levels of high density lipoproteins. Certain of these lipoproteins assist the body in keeping the circulatory system relatively free of problematic amounts of cholesterol (the fat-like substance that sticks to the tissue inside the arteries and veins, resulting in deposits which may block the arteries and veins).

Opposing Evidence

1. A person drinking 3.6 ounces of table wine, 5.4 ounces of light wine, 11 ounces of beer, or 17 ounces of light beer is consuming the same amount of alcohol as the person who is drinking a 1 ounce cocktail. The sizes of the ordinary serving containers for wine and beer have increased since 1960. Most "wine" glasses on the market allow 8-10 ounces of liquid, most "beer" glasses 12 ounces, while mugs and steins hold 12-16 ounces.

   At home, the drinks people make for themselves are usually larger than commercial drinks, although at some expensive restaurants and bars the practice is to provide generous quantities of alcohol per drink.

2. During the Fifties, the average annual consumption per drinker was 2 gallons of alcohol per person. By 1970, the average had increased by 25% to 2.5 gallons. And by 1980, based on figures from 1979 beverage sales, the average consumption per drinker was 2.82 gallons.

   Since drinkers tend to observe the social customs around them, it appears that there has been continual movement toward heavier drinking since the Fifties, with the outcome that the heavy drinking of those times would be considered only moderate drinking now.

3. By 1980, alcoholic beverages had become easily available for purchase at grocery stores and convenience markets as well as through "drive in" and/or "all night" liquor store outlets.

4. Per capita consumption of alcohol is based on the total population of persons 14 years of age and older. However, approximately 30% of this population are total abstainers from alcohol. Another 40% are infrequent drinkers. The remaining drinkers, numbering 30% of the total population, account for the majority of the beverages consumed. When calculated in this fashion, the American drinking population exceeds the number of people who drink in most other countries.

5. Respondents consistently report amounts equaling two or more times greater than their estimates of their own drinking when answering the question, "How much would a person have to drink to qualify as a heavy drinker?" While most drinkers tend to report socially appropriate consumption, regardless of their actual use, researchers believe that the greatest source of the underreporting exists in the population of abusive drinkers. However, when comparing self-report survey results to the taxed liquor sales in the United States (without considering homemade beverages) the reported volume of alcohol consumed averages close to 40% less than the sales revenues indicate.

6. People who drink three drinks (1 ounce alcohol per drink) three times a week are beginning a pattern of drinking that often leads to problem drinking. The distinction between nonproblem and problem drinking is not at all clear cut. Each person's habits, mental and physical health, and social circumstances must be considered before a safe drinking style can be determined.

The Cost to the Nation

The private act of drinking, when carried to excess, has consequences which affect and harm many others. Ultimately, society as a whole pays a high price. An economic cost to the nation of $25 billion per year has been attributed to problem drinking and alcoholism. This increase reflects the $10 billion mentioned above in lost work time, as well as $9 billion in costs for health and welfare services provided for alcoholic persons and their families, and a cost of nearly $6.5 billion as a result of motor vehicle accidents.

Crime

For some drinkers, alcohol releases violent behavior that might be unlikely or even unthinkable in their sober states. Half of all homicides and one third of all suicides are alcohol related, accounting for about 11,700 deaths yearly. Alcohol is the substance most frequently involved in assaults and offenses against others including rape, incest, molestation, and child and spouse abuse.

Alcohol is involved in less violent criminal behavior as well. For example, almost half of the 5.5 million arrests yearly in the United States are related to the misuse of alcohol. Drunkenness accounts for approximately 1,400,000 arrests, while disorderly conduct and vagrancy (used by many communities instead of the public drunkenness charge), account for 665,000 more. Intoxicated drivers make up the 335,000 remaining arrests. Cost to taxpayers for the arrest, trial, and confinement of these persons has been estimated at more than $100 million a year.

Industry

More than half of the nation's alcohol dependent people are employed. Employees with drinking problems are absent from work about two and one half times as frequently as the general work force. Their drinking may result in friction with co-workers, lowered morale, bad executive decisions, and poor customer and public relations for their employers. Undoubtedly, drinking problems result in the loss of trained employees, particularly those experienced workers who are among the most valuable in any organization.

A loss of nearly $10 billion yearly has been attributed to on the job productivity loss caused by the alcohol related problems of certain employees in business, industry, and government and military personnel.

How Alcohol and the Person Interact

Even though alcohol passes through everyone's body the same way, drinking has very different effects on different people. Even when the same person drinks exactly the same amount of alcohol on two different occasions, it can have very different effects.

Alcohol's effects are governed by the person's drinking behavior and patterns, and both the physical and psychological state of the drinker.

Question for Discussion:

What factors determine how alcohol affects people?

As students generate ideas, the facilitator can write them on the chalkboard or newsprint. Responses should include, but not be limited to, the following:

1. **Amount of Alcohol.** The facilitator should review with the class the information in Worksheet DP III-1, **Defining a Drink.**

2. **Speed of Drinking.** The liver can metabolize alcohol at a steady rate of approximately three fourths ounce of alcohol per hour. At this speed, the body burns up the alcohol at the same rate as the bloodstream absorbs it. This amount of alcohol equates roughly with one mixed drink containing one shot (one and one half ounces) of hard liquor, one five ounce glass of wine, or one twelve ounce can of beer consumed over the period of about one hour. If alcohol is consumed more rapidly than this, it circulates in the bloodstream until the liver can metabolize it. During this process of circulation, the alcohol keeps on passing through the brain. As a result, the faster alcohol is drunk, the more alcohol reaches the brain (and other body organs), producing quicker and more potent results for the drinker.

3. **Type of Beverage Consumed.** Distilled spirits are usually absorbed more readily than either wine or beer, and combining distilled spirits with carbonated drinks will speed up the action of the alcohol still further. This happens because the carbon dioxide in carbonated drinks quickly opens the pyloric valve, which separates the stomach from the small intestine, allowing the alcohol to pass immediately into the intestine from which it is absorbed into the bloodstream (This process partly explains why champagne "hits" people so quickly.). Water, on the other hand, dilutes the amount of alcohol, thus slowing down the rate of absorption.

4. **Body Weight.** Heavier people will be less affected by the same amount of alcohol than lighter people, since their bodies contain more blood and water which dilute the alcohol.

5. **Food.** Food slows the passage of alcohol from the stomach to the small intestine where most of

the alcohol is absorbed into the bloodstream and carried to the brain.

6. **Body Condition.** A drinker who is tired may be be more influenced by alcohol than someone who is alert. A person who has an illness may also be affected more strongly than a person who is healthy. Finally, the presence of other drugs in the bloodstream can dramatically change the way alcohol affects a drinker. Taken in combination with certain other drugs, alcohol can double or triple its normal sedative effects.

7. **Expectations.** A person's expectations about what will happen while drinking contribute to the actual experience with alcohol. When a person expects to get "high," he or she is more likely to do so. The drinker's mood also affects his or her reaction to alcohol. Alcohol may make someone who is already unhappy more depressed, or depression may affect how much the person drinks.

Alcohol's Most Common Effects

At this time, the facilitator should begin a discussion with the students about the major effects alcohol has on most people. The facilitator should ask the students to generate some thoughts on this subject and use the chalkboard or newsprint to write them down.

1. **Pleasure.** For most people, alcohol heightens pleasure and enthusiasm. It enables them to let go, to be friendly, to experience feelings more strongly, to relax, and to have a good time. While drinking often heightens pleasant feelings, it also may help people to feel good by making them less aware of unpleasant feelings and events.

2. **Inhibitions.** Alcohol tends to reduce people's inhibitions or shyness and loosen self-control. Although they may feel this effect as stimulation, alcohol's chemical classification is a depressant of the sedative-hypnotic type.

3. **Thinking.** While small amounts of alcohol with food will not normally affect most people's ability to think clearly, increasing amounts tend to make it harder for people to make judgments, concentrate, and understand. In particular, alcohol may prevent inexperienced

They think they are as "sober as a judge." However, experienced and mature drinkers often know very well when they cannot think clearly or act sensibly.

4. **Performance.** Generally speaking, the more alcohol a person drinks, the more difficulty he or she will have doing physical tasks. Alcohol, even in acceptable amounts (one or two drinks consumed during a two to three hour period), will have different effects on different people. The range of these effects is experienced in vision--a delay in one's ability to focus on fine print materials; in eye-hand coordination--difficulty in touching each finger in sequence to the thumb while watching; in upright balance--difficulty standing still with feet together, eyes closed, and head tilted back; and in large muscle control--difficulty walking heel to toe. Additional effects are loud talking and some hesitancy with constructing what one wants to say.

5. **Body Temperature.** People who drink usually feel warmer because alcohol increases the blood supply to the skin. However, although a drinker may feel warmer, body temperature has actually decreased.

6. **Energizer.** While alcohol helps some people to sleep, it seems to act as a stimulant for others so that they do not feel as tired. In fact, alcohol is a depressant that makes some people feel more energetic by dulling the part of the brain that tells them when they are tired.

7. **Physical Tolerance.** Moderate or heavy drinking over a prolonged period of time usually reduces many effects of alcohol on the body, so that more alcohol is required to produce the same effects. A marked increase in physical tolerance may be an early sign of alcoholism.

Continuum of Alcohol Use

One way of viewing alcohol use is along a continuum that may be said to extend from abstinence to alcoholism.

Abstinence:	Doesn't consume any alcohol.
Social Drinking:	Drinks at social occasions with BAC no higher than .05.

Problem Drinking:	Gets drunk; may have incidents, and/or tolerance.
Alcoholism:	Drinking is the person's preoccupation.

Abstinence means to withhold or to deliberately do without something. People who abstain from alcohol may do so for a variety of reasons. Many people do not like the idea of using any drug, including alcohol, except for medical purposes. Others may abstain because they do not like the taste of alcohol, are concerned about the extra calories it provides, or want to spend their money on other things. Some individuals often feel they do not need alcohol to make them feel good. Usually, these people have other ways to relax and share good times, such as through hobbies, talking, exercising, and other activities.

Social drinking can be defined as the use of alcohol occurring in settings which generally promote friendship and sharing. Examples of situations or occasions when social drinking occurs include religious rituals or ceremonies, celebrations, parties, and gatherings with family and friends.

A problem drinker is anyone for whom the use of alcohol creates a problem. The problem may be a medical one (drinking when advised not to because of an existing medical problem), or a psychological one (drinking in order to maintain a "high").

What makes a problem drinker different from an alcoholic is that problem drinkers may not be totally dependent on alcohol and therefore can exercise other options. Because they can control their drinking, they may abstain from drinking socially when they feel the situation calls for it, or they may drink in moderation when that is appropriate.

Alcoholics are individuals who, once they begin to drink, do not predict or control how long or how much they will drink. While they can sometimes go without alcohol for long periods of time, whenever they do drink it almost always results in loss of control and drinking to the point of intoxication.

Application Exercise: Personal Use of Alcohol
(25 minutes)

The facilitator should divide the class into four groups and ask each group to take responsibility for one of the four following worksheets:

1. Worksheet DP IV-3 **Media and Myths**
2. Worksheet DP IV-4 **Stages of Dependency and Addiction**
3. Worksheet DP IV-5 **Personal Guidelines for Responsible Alcohol Consumption**
4. Worksheet DP IV-6 **Facts about Responsible Drinking**

The facilitator should tell each group that it is responsible for demonstrating the contents of its worksheet to the rest of the class in as creative and interesting a way as possible. Before each group presents, the facilitator should allow all four groups time to prepare.

Application Exercise: Becoming a Responsible Drinker

(15 minutes)

The facilitator should have participants complete, using pencil, the **Self-Contract for Responsible Drinking** (Worksheet DP IV-7), or the **Self-Contract for Responsible Abstaining** (Worksheet DP IV-8). The facilitator should divide the class into groups of three or four. Consulting the Worksheets DP IV-1, DP IV-3, DP IV-4, and DP IV-5 as references, persons in the groups should assist each other in problem solving regarding the "drinking problem prevention" support each person's self-contract will provide. Individuals should then take the opportunity to change their self-contracts in order to make certain that they have made helpful decisions regarding their drinking. The facilitator should then reassemble the large group and ask participants to describe their thoughts and feelings during the exercise.

Summary: Review of Process and Content

(5 minutes)

Here the facilitator should focus on the group process which enhanced or interfered with task achievement.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for**

Supervisors worksheet, and answer the four items on a separate sheet of paper after today's class.

ADAPTABILITY SKILLS II: RESPONSES TO STRESS

I. Summary of the Module

This module expands the concept of adaptation by focusing on individual patterns of coping behavior. Participants examine their own individual history and unique manner of response to stressors and the resulting pressures. Participants are then enabled to recognize which stressors can be eliminated or minimized and which stressors cannot be changed. The biofeedback exercise at the end of the module provides participants with another opportunity to practice monitoring their stress levels.

II. Goal and Objectives

Goal: Participants will recognize when they are feeling stressed, will notice their individual pattern of stressful situations, and will cope with stress in ways that do not include the use of drugs and alcohol.

Objectives:

Participants will identify their individual patterns of stress coping behavior using the **Stress Log** worksheet.

Participants will be able to give examples of short term and long term stress in their own lives.

By completing the **Stressors** worksheet, participants will separate their stressors into those which they can control and those to which they must adapt.

Participants will learn to use a simple biofeedback device to monitor their stress levels.

III. Outline

Review: Why Are We Here? (5 minutes)
Centering Exercise: Body Scan (10 minutes)
Instruction: Overview of Stress (20 minutes)
Application Exercise: Stressors (25 minutes)
Application Exercise: Biofeedback (25 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet AS II-1 **Stressors**

V. Key Terms

Biofeedback

Biofeedback is the process through which a person learns to use some mechanical means (such as a scale) to obtain information about his or her body (weight in pounds), so that he or she can decide what to do (lose weight, gain weight, or remain the same weight). Biofeedback devices are frequently used in learning to manage stress because a person may have lived with a fairly high stress level for so long that he or she is no longer aware of how much stress is in his or her body. Biofeedback tools help one to become aware of stress by identifying stress, translating it into something one can understand (colors, numbers, or sound), and providing feedback about one's successes when trying to change the stress level.

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often, a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism. ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew.") There can be a big difference between what was said and the individual's self-talk about it.

Stimulus

A stimulus is any input that produces a temporary change in the activity of an organism or in any of its parts.

Stress Management

Stress management is a process through which a person learns a variety of activities to deal with tension. It is important to learn several stress management skills, because some skills may work in certain situations while others may not work.

Example: Let us say someone uses jogging to handle stress. What happens if that person breaks a leg? The person could still come to work even with a cast, but how would stress be handled now, especially if no other stress management skills are available? This particular person would probably 1) feel out of sorts and edgy most of the time, or 2) spend a lot of time complaining while getting depressed.

A similar difficulty occurs when a person begins to use alcohol or drugs as the sole stress management technique. That person comes to depend on the drugs or alcohol and finds that other interests and opportunities slip away. Because that individual eventually uses fewer skills, he or she needs more alcohol or drugs to get through the day.

Stressors--External

External stressors are things, people, or situations outside of oneself to which one responds with tension. These stressors are highly personal. What is an external stressor to one individual may not be a stressor to someone else. External stressors can be as close as one's roommate or friend, or as distant as the threat of nuclear war, the state of the economy, or the price of rice. As a rule of thumb, the more important the external stressor is to a person, the more tension the person will experience.

External stressors tend to fall along a continuum from those over which a person has total control to those over which he or she has absolutely no control.

Stressors--Internal

Internal stressors are tensions which a person creates within himself or herself, such as deadlines ("I will lose 10 pounds by next week."); expectations ("I must never be late for work."); self-doubt ("I am not sure that I know how to do the job."); fear of failure ("If I make any mistakes, it will be terrible."); and fear of success ("I'll never get promoted, I'm not good enough."). The list could go on and on.

Internal stressors are both good news and bad news. The good news is that because they are almost completely self-created, they are also almost completely under one's control. The bad news is that since they tend to be under one's control, the individual is the only one who can change them, and changing them is not always easy. Sometimes, it is easier to complain about something "out there" that needs to change, so one would feel better, than it is to look inside to see what could be done differently.

VI. References

1. Ardell, D. B. **High Level Wellness.** New York: Bantam Books, 1979.

2. Davis, M., Eshelman, E. R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.

3. Dubos, R. (1976-77). "The Despairing Optimist." **The American Scholar** (Winter): 10-18.

4. Farquhar, J. W. **The American Way of Life Need Not Be Hazardous to Your Health.** New York: W.W. Norton & Co., 1978.

5. Field, J. R. and Olsen, H. (1980). "Stress Management: A Multimodal Approach." **Psychotherapy and Psychosomatics 34:** 233-240.

6. Mechanic, D. and Cleary, P. D. (1980). "Factors Associated with the Maintenance of Positive Health Behavior." **Preventive Medicine 9:** 805-814.

7. Miller, J. **The Body in Question.** New York: Vintage Books, 1982.

8. Pelletier, K. R. **Mind as Healer, Mind as Slayer.** New York: Dell Publishing Co., 1977.

9. Sarason, I. G., Johnson, J. H. and Siegel, J. M. (1978). "Assessing the Impact of Life Changes: Development of the Life Experiences Survey." **Journal of Consulting and Clinical Psychology 46(5):** 932-946.

10. Shaffer, M. **Life after Stress.** New York: Plenum Press, 1982.

ADAPTABILITY SKILLS II: RESPONSES TO STRESS

The previous Adaptability Skills module focused on physiological reactions to stressors and how participants experience tensions and the resulting demands for adjustments in their lives. In this module, participants will focus on their own individual history and unique manner of response to stressors. As participants become more aware of their own sources for stress, they will be able to identify the stressors which they can change and those to which they must adapt.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Centering Exercise: Body Scan

(10 minutes)

The purpose of this exercise is to provide relaxation and focus on self prior to the beginning of the Adaptability Skills module. The facilitator should give participants the following instructions:

> "Sit quietly in your chair with your eyes closed, and your arms and legs gently resting in a relaxed manner. Sit up straight with the weight of your head falling straight down your spinal column. Rock briefly from side to side in a pendulum motion to establish a perfect balance. Concentrate on your breathing for a few moments. Now, begin to scan your body for tension.
>
> 1. **FEET AND LEGS**
>   - Wiggle your toes, rotate your feet, and then relax them.
>   - Note any tension in your calves. Let go of this tension.
> 2. **LOWER TORSO**
>   - Become aware of any tension or pain in your lower back. Let go of the tension or pain.
>   - Note any tension in your hips, pelvis, buttocks and genital area, then relax these areas.

3. **DIAPHRAGM AND STOMACH**
   - Take a deep breath or two, breathing slowly in and out, relaxing deeper and deeper.
   - Notice any tension that you are experiencing in your stomach and diaphragm.
4. **LUNGS AND CHEST CAVITY**
   - Be aware of tension in this area, then take one or two slow, deep breaths and relax.
5. **SHOULDER, NECK, AND THROAT**
   - Swallow once or twice and notice any tension or soreness in your throat and neck. Roll your head around clockwise and then counterclockwise a few times.
   - Shrug your shoulders and be aware of any tension in this area and then relax your shoulders.
6. **HEAD**
   - Beginning at the top of your head, scan for tension.
   - Notice tightness in your forehead, around the head, or behind your eyes.
   - Note any tightness in your jaw, checking for locking or grinding of teeth and taut lips.
   - Be aware of your ears.
   - Go back over your head and relax each part.
7. **BODY SCAN**
   Scan your entire body for any remaining tension and relax deeper. Now, gradually let your awareness return to this room and open your eyes."

Instruction: Overview of Stress
(20 minutes)

Each person responds to tensions which become stressors individually. The facilitator should ask participants to examine the information they have recorded on Worksheet AS I-1, **Stress Log**, and briefly discuss what they have learned about their unique stress reaction patterns.

The way a person experiences and expresses his or her response to stressors is a composite of personality, family history, tolerance level, and body physiology. One way people learn to express stress is through the modeling of their parents. Children observe their parents trying to cope with the strains of living and usually imitate their behavior. For example, a child who sees his father or mother drink alcohol or smoke cigarettes to relieve the tensions of a hectic workday will believe that those are ways to minimize or alleviate the tension. The facilitator should discuss the following questions with the class:

1. How did your parents exhibit stress?
2. What coping mechanisms did they employ to deal with that stress?
3. Do you recognize any patterns of behavior in yourself that might have been learned from your parents?
4. As a child, how were you allowed to exhibit stress?
5. How did this change as you got older?

In learning about stress reactions, it is often useful to distinguish between what causes stress and what stress is. Pressures or demands from one's internal or external environments are called stressors. The way in which one's body responds to these stressors is called stress. Although stressors may be different, they all elicit the same biological response (discussed earlier in Adaptability Skills I).

There are important distinctions between short and long term stress. Short term stress causes one's resting pulse rate, muscle tension level, brain wave activity, respiration rate, and blood sugar level to increase rapidly. The body becomes alert and ready to respond to the stressor. When one has coped with the stressful event, one's body responses drop back down to, or sometimes even below, normal. In order to stay healthy, the internal environment of the body must maintain a degree of consistency. For example, blood pressure, heart rate, and oxygen levels are always shifting as a result of the demands of life; the body cannot tolerate too severe a change in these biological functions or allow them to persist too long without being damaged. The damaging form of stress is not short term but long term stress.

Long term stress consists of increasingly higher levels of prolonged and uninterrupted demands in which one's system stays "hyped up" and never fully returns to normal levels of activity. Gradually, and over a period of time, one's normal (baseline) level will stabilize at higher and higher levels so that whereas a year ago the normal heart rate may have been 70 beats per minute, now it may have risen to 75 or 80 beats per minute. Blood pressure may increase in a similar way, as may other biological functions. In other words, the human body actually adapts to long term stress by major organ changes, even though the person may not realize he or she has been adapting to stress. This prolonged, unrelieved stress is primarily responsible for the development of an entire set of disorders including high blood pressure, heart disease, migraine headaches, arthritis, ulcers, backaches, and allergies.

Question for Discussion:

What are some examples from your own experience of short term and long term stress and its effects on you? (The facilitator should write down these responses.)

One of the first steps in effectively managing stress is to learn to distinguish between stressors which can be changed and those which cannot be changed and must be adapted to as they exist. Some of the pressure a person experiences daily may be inevitable; but a significant amount of it may be prevented if one becomes aware of how one programs oneself to remain vulnerable.

Much stress is self-imposed. Tensions that are simply annoying or irritating are often magnified into catastrophic events. For example, one can exaggerate the importance of a supervisor's criticism and imagine oneself worthless or left without a job.

Another difficulty arises when stressors are identified as being totally out of one's control. For example, people who work in large organizations frequently exaggerate the lack of control they have over their working conditions. They complain of being overworked because they are unwilling to act to make the conditions better--"That's not my job, that's the Chief's (CO's/XO's) job." Their stress, then, results from a lack of situational management and self-assertion rather than from the actual facts of the working conditions.

By identifying the sources of tensions and the stressors, a person can decide how to keep resulting stress within his or her own manageable limits. In cases where the stressor itself can be altered, a person needs to change the environment in some way. In cases where it is more difficult (or impossible) to change the stressor, a person needs to change thoughts and behavior and thereby adapt to the situation. The following questions may be helpful in deciding what kinds of stressors one is facing. The facilitator should read these to the class:

1. Is this stressor within your control in any way?
2. Can it be modified or altered in any way?
3. What will have to happen for you to change the stressor?
4. What will have to happen for you to change yourself in order to adapt to the situation?

An example of a stressor which can be minimized is a rush hour traffic jam. By varying routes or leaving a few minutes earlier or later, or by accepting the fact of delays and thinking calming thoughts, the effects of the stressor can be counteracted. A flat tire is an example of a stressor to which one must adapt. However,if the situation is considered an "inconvenience" rather than a "catastrophe," the amount of stress associated with it will be decreased. How is this so?

Application Exercise: Stressors
(25 minutes)

The purpose of this exercise is to help participants recognize which stressors they can change and which ones require adaptation. The facilitator should ask students to turn to Worksheet AS II-1, **Stressors**, and allow ten to fifteen minutes for completion.

Upon completion of the worksheet, the facilitator should lead a discussion about the activity. The following questions may be helpful:

1. What are some possible ways to alter those stressors which can be minimized?
2. How can you adapt yourself to those situations in which you have little control over your stressors?
3. What can you say to yourself in stressful situations so that you nurture yourself rather than adding to your stress level?

The facilitator should tell participants that they will be learning and practicing various skills and techniques which will help them to minimize the negative and maximize the positive effects of stressors in their lives and adapt more creatively and healthfully to those stressors they cannot change.

Application Exercise: Biofeedback
(25 minutes)

At this time, the facilitator should again distribute the **Biodots*** to remind students with biofeedback by saying:

"We have learned that as we experience stress our blood pressure tends to rise, there is an increase in brain wave activity and heart rate, and an increase in muscle tension and sweating. Although for years Western (Occidental) science taught that a person could not control these automatic functions of the autonomic nervous system, recently there has been rapid movement toward Eastern (Oriental) theory that body functions are controllable through thoughts. Therefore, any effective stress management will be psychophysiological; that is, have both mental and bodily aspects. Biofeedback is a way of helping a person control these processes. A biofeedback device simply gives a person information about a bodily function correlated with stress in his or her body and the changes which can be made through changing one's thoughts."

At this time, the facilitator should pass out the **Biodots*** and instruct participants to place them in the area between the thumb and forefinger. **Biodots*** are miniature thermometers which will monitor body temperature and feed this information back to the person. Whenever a person receives information about a bodily function, that function can come under conscious control by the individual. Through thinking, the individual creates whatever change there is. Generally, the more relaxed a person is, the warmer his or her hands will be because of increased blood flow to the extremities. The importance of keeping one's extremities warm lies in the fact that during stress, blood tends to shift away from the hands and feet and gastrointestinal system toward the head and trunk. Under these circumstances, a person experiences a headache or tightening in the stomach. Kenneth Pelletier (1977) provides an enlightening description of the effects of this engorgement: "dilated pupils; tight throat; tense neck and upper back, with shoulders raised; shallow respiration; accelerated heart and pulse rate; cool, perspiring hands; a locked diaphragm; a rigid pelvis with genitals numb and the anus tight; flexor muscles in the legs contracted and extensors inhibited" (p. 55). In addition, there has been recent evidence through color body temperature scans that diseased organs are hotter than healthy tissue, and therefore are engorged. The problem here is that the constant high temperature deteriorates tissue faster than if body heat were spread out evenly. A person who has learned to distribute body temperature at will, has gained some measure of control over his or her health.

The facilitator should explain that a **Biodot*** indicates changes in temperature by changing color. The temperature range of these dots is from 89.6 degrees Fahrenheit to 94.6 degrees Fahrenheit. Any temperature below that range will turn the dots black. The **Biodot*** will remain violet or deep purple at temperatures above the stated range. Within this prestated range, brown (amber) is the coolest visible reading, and a deep violet is the warmest visible reading.

The facilitator should remind the students that external body temperatures are always cooler than internal body temperatures. Also, external heat or cold can affect the readings. Even with these limitations, the **Biodots*** can be used as general indicators.

The facilitator should put the following color sequence and temperature chart on the board:

AMBER	89.6 F	**TENSE**
YELLOW	90.6 F	
GREEN	91.6 F	**AVERAGE**
TURQUOISE	92.6 F	
BLUE	93.6 F	
VIOLET	94.6 F	**VERY RELAXED**

Students should be told that the **Biodots*** can be used as an indicator of stress in the body. Therefore, they act as sources of information. Subjective feelings of being tense or being relaxed are subtle and more generalized than information gathered from a device like a **Biodot*** which actually amplifies physiological signals by being publicly observable.

At this point, the facilitator should lead students through the deep breathing relaxation technique introduced in Adaptability Skills I. Upon completion of this exercise, the facilitator should ask students to check the color of their **Biodots***.

Following this exercise, the facilitator should distribute the Stress Control Biofeedback Cards. Again, have the participants practice changing the color of the temperature sensitive tape.

Distribute five **Biodots*** to each participant to take home in order to monitor his or her relaxation level between now and the next class meeting. Participants can use only the stress cards if sufficient **Biodots*** are not available.

Summary: Review of Content and Process
(5 minutes)

The facilitator should comment on participants' views of adaptability in relation to lifestyle changes that have been identified for their self-contracts.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for**

Supervisors worksheet, and answer the four items on a separate sheet of paper after today's class.

ADAPTABILITY SKILLS III: THINKING AND STRESS

I. Summary of the Module

This module provides a framework for investigation of the manner in which participants have taken responsibility for their behavior and its consequences. An attitude of personal responsibility provides for recognition that individuals create their own stressors from the tensions of ordinary living, and until this perspective is accepted, no possibilities for personal change exist. This module focuses on ways of taking charge of one's life, primarily through the use of positive and realistic stress coping thoughts. It often seems that outside events directly cause the individual's emotions. Actually, what the person tells himself or herself about situations determines resultant feelings. In this module, participants will practice cognitive restructuring (changing one's thinking) --a process which involves learning how to cease one's troublesome thinking (thought stopping) and deliberately replace it with helpful thinking (thought substitution).

II. Goal and Objectives

Goal: Participants will recognize the sources of their feelings of stress, will learn how to reinterpret their feelings of stress, and will develop a plan to cope with their stress in ways other than with the use of drugs and alcohol.

Objectives:

Using the **Locus of Control** scale, participants will determine whether the differences in thinking and stress level are externally or internally controlled.

Participants will learn the skill of thought stopping as a means of identifying their own barriers to personal well being.

Participants will use the **Thought Change** worksheet to write positive self-talk to practice changing their thinking toward coping responses to potentially stressful situations in their lives.

III. Outline

Review: Why Are We Here? (5 minutes)
Application Exercise: Locus of Control (20 minutes)
Demonstration: Self-Talk (15 minutes)
Application Exercise: Coping Self-Talk (15 minutes)

Application Exercise: Thought Stopping (15 minutes)
Application Exercise: Thought Change (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet AS III-1	**Locus of Control**
Worksheet AS III-2	**Self-Talk**
Worksheet AS III-3	**Coping Self-Talk**
Worksheet AS III-4	**Thought Change**

V. Key Terms

Cognitive Restructuring

Cognitive restructuring is a generic term which refers to specific methods for changing problematic thinking and self-talk to supportive thinking and self-talk. In order to learn cognitive restructuring, individuals focus on their thoughts and self-talk and how these affect their feelings and behavior. Misconceptions, distortions, and faulty attributions are identified and restated. This learning process operates through the medium of language and communication.

Locus of Control

Locus of control is a concept that identifies the sources of pressures that people feel. People differ in terms of how much control they feel they have over their lives. At one extreme, some people have a high internal locus of control, meaning that they believe that they are totally in control of themselves ("A man is in charge of his own destiny."). At the other extreme, a high external locus of control, some people feel that their lives are totally determined by factors outside of themselves ("A man is buffeted by the winds of fate."). Most people vacillate within an area between these two viewpoints depending upon their currently experienced well being.

What is important is that people differ in how they interpret their sense of self-control. A person's locus of control influences how that individual sees himself or herself in relationship to the world, as well as how much he or she feels able to function in that environment.

Self-Disclosure

Self-disclosure is a process in which a person tells others about himself or herself. Self-disclosure involves several parts:

1. the appropriate amount of time (It would not be a good idea to disclose one's marriage problems during a 10 minute coffee break.);
2. an appropriate place (It may not be best to disclose one's drinking problems while standing in the checkout line of the exchange.); and
3. the appropriate person (It may not be such a great idea to disclose sexual problems to the unit "big mouth.").

When self-disclosing, a person should focus on what he or she is thinking and/or feeling at the moment. Self-disclosures that deal only with the past or with facts seem easier, but these do not clarify what is happening in the present.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew"). There can be a big difference between what was said and the individual's self-talk about it.

Stress Management

Stress management is a process through which a person learns a variety of activities to deal with tension. It is important to learn several stress management skills, because some skills may work in certain situations while others may not work.

Example: Let us say someone uses jogging to handle stress. What happens if that person breaks a leg? The person could still come to work even with a cast, but how would stress be handled now, especially if no other stress management skills are available? This particular person would probably 1) feel out of sorts and edgy most of the time, or 2) spend a lot of time complaining while getting depressed.

A similar difficulty occurs when a person begins to use alcohol or drugs as the sole stress management technique. That person comes to depend on the drugs or alcohol and finds that other interests and opportunities slip away. Because that individual eventually uses fewer skills, he or she needs more alcohol or drugs to get through the day.

V. References

1. Blue Cross Association. (1974). **Stress: Blue Print for Health 25(1).** Chicago, IL: Blue Cross Association.

2. Davis, M., Eshelman, E. R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.

3. Farquhar, J. W. **The American Way of Life Need Not Be Hazardous to Your Health.** New York: W.W. Norton & Co., 1978.

4. Kobasa, S. O. (1984). "How Much Stress Can You Survive?" **American Health** (September): 65-71.

5. National Institute for Occupational Safety and Health. (1978). **Occupational Stress: Proceedings of the Conference on Occupational Stress, Los Angeles, November 3, 1977.** (DHEW NIOSH Publication No. 78-156). Washington, D.C.: U.S. Government Printing Office.

6. Pelletier, K. R. **Mind as Healer, Mind as Slayer.** New York: Dell Publishing Co., 1977.

7. Selye, H. **Stress Without Distress.** New York: New American Library, 1975.

8. Shaffer, M. **Life after Stress.** New York: Plenum Press, 1982.

ADAPTABILITY SKILLS III: THINKING AND STRESS

This module concentrates on how participants can deal with those stressors over which they experience little control. Even though some situations seem to be out of the individual's control, participants can still change their thinking and attitudes so that they operate in control of themselves.

In order to begin the process of effective responding in situations, a first step is to clear away any situational uncertainty by specifying three elements: one's bodily status; one's assessment of the environmental pressure; and one's thoughts about both the pressure and the body response. Using the example given in the description of the key term "self-talk," the action of a person's receiving praise for doing a job well can have several outcomes. In the **environment** of "praise for a job done well," what are some **thoughts**? What are some **bodily sensations**? Change, itself, is a stressor to which the individual must continually adapt in order to maintain well being. There seems to be no difference between the stress caused by "positive" events and "negative" events. The key to what is experienced as stressful is the manner in which the individual interprets or labels the situation. In other words, each person decides what the situation is, and how the situation is a stressor. After completing the process of defining their stressful situation in terms of the three elements, participants will be able to use this model to recognize the difference between their coping and noncoping reactions in order to revise their responses toward well being. Participants will notice how they change when they experience themselves as assuming more responsibility for their actions.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Application Exercise: Locus of Control
(20 minutes)

The facilitator should have participants complete Column I of Worksheet AS III-1, **Locus of Control**. The facilitator should make sure that the participants know that Column II will be completed later. Upon completion of

Column I, the facilitator should ask students to put it aside for a few minutes. The facilitator should then tell the group that this activity will help them to determine how much they believe they are in control of situations in their lives. The facilitator should generate a discussion by asking members of the group how they responded to each item on the worksheet. The facilitator can demonstrate and model the skills of respect and empathy in this discussion, since participants' responses to the worksheet will no doubt be different.

After this discussion, the facilitator should write the following key on the chalkboard or newsprint:

Numbers 1, 4, 7, 9 = I (Internal Locus of Control)
Numbers 2, 3, 5, 6, 8 = E (External Locus of Control)

The facilitator should instruct the students to score their worksheets according to the following plan: First, they should circle all statements with which they have agreed. Then, they should use the scale above to assign the letter "I" or "E" to each statement with which they have agreed. The total number of "I" and "E" statements should be used to fill in the key to Column I at the bottom of their worksheets.

After the students have completed and discussed the first part of their worksheets, the facilitator should provide the following background information about locus of control. When a person believes himself or herself to be in control of a situation, that person tends to act less threatened by it, therefore, less pressured. It is true that not all stressful events are totally within one's control, but one frequently has more control over a situation than one thinks. And a person always has control over personal perceptions of, and reactions to, a given situation.

A person who believes that he or she has no control over his or her response to other people, events, or environmental events is said to be externally controlled. That person thinks that events are controlled by outside forces such as luck, fate, or other people. One who feels some control over outcomes (perhaps through control over his or her perceptions of situations) is said to be internally controlled. Researchers have found that internally controlled people are more likely to engage in health promoting behaviors than are externally controlled people. In other words, when a person believes that his or her actions help determine the quality of life, that person is more likely to make changes (for example, exercising to improve physical fitness, managing stress) which will lead to healthier lifestyles.

At this time, the facilitator should instruct participants to complete Column II on how they would like to respond to the items on their worksheets.

The summary of Column II may be indicative of how the instructional part of the module motivated participants to rethink their responses. The facilitator should begin a discussion by asking the students an open ended question about the differences in participants' responses to Columns I and II.

Additional Questions for Discussion:

1. What have you learned about yourself from this activity?
2. How does your locus of control orientation (in other words, internal or external) relate to your stress level?

A person sometimes feels no control over the sources of stress in life. While the person may not be able to prevent events, he or she can choose to control personal reactions to these events, and thereby actively manage stress. When an event is seen as ordinary, a person frequently reacts with little or no experienced stress (relaxation response). But when a person tells himself or herself that an event is negative or harmful, that person feels stressed (alarm response).

The way one interprets an event depends on how one defines it. Most of the time, a person has an internal dialogue going on called "self-talk." This self-talk, based on thoughts arising from the person's past experience, is what suggests how the person feels. Many people believe they feel pressured simply because a stressful event has occurred. There is, however, an intervening factor between an event and a person's responding feelings, and that is the person's thoughts or self-talk about the event. One's self-talk often addresses one or more of three areas: self, situation, and future. The facilitator should illustrate this concept with an example:

EVENT	**BODY RESPONSE**	**THOUGHTS**	**EMOTION**
Bob locks his keys in his car at lunch and will be late for work.	Slight headache, tightening in stomach and neck, sweating, heart pounding: tension.	(self) "I am so stupid. How could I do such a (situation) dumb thing? (future) The chief will really be angry at me for being late."	fear

Since a person's thoughts produce the interpretation of the "body response" and the resulting emotions, a change in thinking will result in a change in feeling. This process is called cognitive restructuring; and it involves learning how to stop self-talk that produces alarm reactions (not helpful) and replace it with self-talk that produces relaxation reactions (helpful). By asking the following questions, one can determine if self-talk is helpful or not helpful:

1. What is the worst possible thing that could happen (if the stressful event occurs)? Has this ever happened before? How did I handle it?
2. What is the possibility of this happening?
3. Is there any proof or evidence that says this will happen?

Based on the answers to these questions, one can formulate alternative, productive, and stress mediating self-talk.

Like other stress management techniques, cognitive restructuring takes time and practice. Positive self-talk is a very effective way to increase one's sense of control and to feel less pressured and tense.

Demonstration: Self-Talk, Music Video B
(15 minutes)

The objective of the following demonstration is to familiarize the students with self-talk and accompanying feelings. The facilitator should tell the students to pull out Worksheet AS III-2, **Self-Talk**. Instruct the students to write down those lyrics which they remember while viewing Music Video B. The facilitator should play the tape and encourage students to listen quietly while noting lyrics. Immediately after the song has ended, the facilitator should tell the students to write down their feelings in association with the lyrics that they have noted. When the students have finished writing down feelings, the facilitator should tell them to write down self-talk accompanying each feeling. The facilitator should discuss the following questions:

1. Who would like to share feelings and self-talk?
2. How does the same situation create different feelings and different self-talk in different individuals?
3. How do the lyrics of the song refer to external control?

4. How can negative self-talk be changed to positive self-talk?

Following the discussion the facilitator should tell the students to use the last column to restate any negative self-talk in positive terms.

Application Exercise: Coping Self-Talk
(15 minutes)

The facilitator should ask the students to complete Worksheet AS III-3, **Coping Self-Talk**. The facilitator is to highlight the individual's choice to respond to situations by either coping self-talk such as "I made a mistake, and I know I can correct my mistake," or insulting self-talk such as "I made a mistake, and I'm a real loser." Coping self-talk enhances constructive coping skills, whereas insulting self-talk increases discouragement and defeat. When the students have completed their worksheets, the facilitator should ask for volunteers to identify their coping and their insulting self-talk and should write these examples on the board or on newsprint. Students who volunteered examples of insulting self-talk should be given the opportunity to restate their negative self-talk into positive terms.

One's pattern of thoughts and the conversations carried on silently must be restructured when a decision to change is made. New behavior can be supported by helpful, positive, or coping self-talk; and it can be undermined by negative or insulting self-talk. Changing behavior is a complex task and ultimately includes continuing cognitive restructuring: restructuring the thoughts, the definitions, and the judgments about the new behavior, the old behavior, the individual, and the change process itself. Personal change does not consist of a single decision or a one time restructuring of self-talk. Rather, there is a gradual process of multiple decisions and changes, each one paving the way for the next.

The facilitator should ask the students to recall the problem they identified on Worksheet DM I-2, **Specify the Problem**, and ask them to imagine themselves changing some behavior which might solve the problem. Then, the facilitator should ask the following questions:

1. What kind of self-talk do you become aware of when you think about making a change?

2. How could you change your self-talk to be more supportive of your desired change?

3. What prevents you from changing your self-talk?

Application Exercise: Thought Stopping

(15 minutes)

At this time, the facilitator should use 5 minutes to conduct one exercise out of the **Energizers** described in Appendix I. After this, participants should be asked for a one word description of how they feel at the moment. It should be explained to the class that the following activity is a useful way to overcome worried, repetitive, or disturbing thinking. The facilitator can say to participants: "Close your eyes. Bring to mind as many of your problems or worries as you can think of. Notice how you feel right now (pause). Now, select one thought to work on (pause). Bring to mind the stressful situation surrounding the thought (very, long pause). **NOW STOP!"** The facilitator should increase the loudness and directiveness of his or her voice while commanding the class to stop. Although the participants will have variable, startled responses to this command, ask participants to describe what happened to their thought. After a few minutes, the class can be led in a short deep breathing exercise. Participants begin by standing up straight in good posture. "Breathe through your nose. As you inhale, notice your lungs filling while your diaphragm expands to receive the healthful oxygen. Hold your breath until I count to four. Raise your shoulders to accomodate your breath. Now, exhale while I count to four. Now, relax your abdomen and chest and raise your shoulders to completely replenish your lungs with fresh air." Now, repeat the exercise above. With less loudness than before, "Now, direct yourself to stop" can be substituted for the command **"NOW STOP."** The facilitator should then solicit participants' experiences during the exercises and their suggestions on how to apply what they learned to their real life situations.

Application Exercise: Thought Change

(15 minutes)

The facilitator should pass out Worksheet AS III-4, **Thought Change.** The class should be divided into three to four small groups, a reporter should be selected, and group members should be instructed to fill out the worksheet. In the small group, each person should share the information of how a situation was handled well. Using the example provided by each of the members in turn, each small group should proceed to assess each member's situations and to develop a model for successful coping.

Next, the facilitator should ask each reporter to share the model built from the group's examples, and its conclusions about how willing individuals are to actually adopt their models in real life, with the whole group.

Summary: Review of Content and Process
(5 minutes)

The facilitator should mention the effect that the group's orientation to the application exercises has had on members' learning of the stress coping techniques.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DECISION MAKING II:
ALTERNATIVES, CONSEQUENCES, AND CHOICES

I. Summary of the Module

This module contains instructions and exercises on generating alternative solutions, exploring consequences of alternatives, examining feelings, choosing the most reasonable alternative , and making the decision. Participants then monitor their thoughts and feelings to notice whether they have actually decided, i.e., closed off other possibilities.

II. Goal and Objectives

Goal: Participants will learn the three elements of the central phase of a systematic and effective model for making decisions. Participants will apply this model to a situation involving drugs, alcohol, eating, smoking, stress management, or other behavior to formally make a lifestyle decision.

Objectives:

Participants will list five alternative solutions to a problem situation using the **Alternatives** worksheet.

Participants will brainstorm three positive and three negative consequences for each alternative using the **Consequences** worksheet.

Participants will identify thoughts and feelings generated by each alternative solution.

Participants will choose one alternative based on what they learned in the previous steps of the decision making model.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Alternatives (5 minutes)
Application Exercise: Alternatives (20 minutes)
Application Exercise: Consequences (20 minutes)
Application Exercise: Emotions and Decisions (10 minutes)
Instruction: Choosing (10 minutes)
Application Exercise: Making a Decision (15 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DM II-1 **Alternatives**
Worksheet DM II-2 **Consequences**
Worksheet DM II-3 **Self-Contract for Changing**

V. Key Terms

Brainstorming

Brainstorming is a group problem solving technique which usually involves four main rules:

1. No evaluation of any kind is permitted.
2. Everyone is encouraged to think of ideas without prejudging or censoring.
3. Group members are encouraged to come up with as many ideas as possible (quantity leads to quality).
4. Group members are encouraged to build upon, modify, or recombine the ideas of other group members.

Decision Making

Decision comes from Latin roots meaning to "cut off." Decision making means to cut off all the arguments, for and against, and to make up one's mind. It sounds fairly straightforward, but decision making actually involves several steps that are not necessarily ordered, and not every decision requires each step. The basic steps involved in decision making are:

1. defining the problem;
2. generating alternatives;
3. exploring consequences;
4. exploring feelings;
5. choosing;
6. putting the choice into action;
7. evaluating the results; and
8. maintaining change.

Problem Solving

Problem solving involves finding ways to get what one wants and needs, or finding several ways to act effectively in situations. It is important to remember that a solution workable for one person may not work for someone else. All that anyone can do is to share his or her solution. It is up to the individual with the problem to actually choose the solution.

Self-Contract

A self-contract is a formula or outline for identifying and clarifying personal goals, methods of action, resources, barriers, and time lines. This outline functions as a written promise to oneself to do or not do something. Putting the promise in writing increases the chances that the individual will remember to work on the goal.

VI. References

1. Brammer, L. M. **The Helping Relationship** (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

2. Egan, G. **The Skilled Helper**. Monterey, CA: Brooks/Cole Publishing Co., 1982.

3. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. McKay, M., Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.

6. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

DECISION MAKING II: ALTERNATIVES, CONSEQUENCES, AND CHOICES

A person's decisions reflect his or her priorities. Often, decisions are made without comprehension of alternatives and the variety of possible consequences which could result. Decision Making II will guide participants in generating creative solutions to difficult situations, examining the consequences, and identifying their particular feelings about each. One of the benefits of classroom based practice of decision making skills is that, in the future, participants will be more likely to generate useful alternatives in stressful situations and less likely to "freeze" or act on impulse. Another benefit is that participants will be trained in recognizing the self-control resulting from implementing a systematic approach to behavioral problem solving which broadens a person's repertoire of options.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Alternatives

(5 minutes)

The facilitator should briefly review the main ideas in Decision Making I, reminding participants that practicing decision making skills about behavior regularly has many benefits. These skills will help a person feel more in control of his or her life and will increase his or her ability to recognize that there are usually large numbers of available alternatives from which to choose.

The facilitator can briefly review the basic decision making model before concentrating on step two:

1. Define the problem.
2. Generate alternatives to solve the problem.
3. Explore consequences of each alternative.
4. Examine feelings about possible solutions.
5. Choose.
6. Put choice into action.
7. Evaluate results.
8. Maintain change.

The facilitator should now discuss step two of the decision making model--generating alternatives. The most useful step after defining the problem is to start thinking of ways to solve the problem or ways to reevaluate the level of difficulty of the problem situation. These alternatives may or may not look like solutions at this time, but it is important to develop a number of options from which to choose. The process of generating as many alternatives as possible is called brainstorming, and it utilizes:

1. spontaneity, and
2. creativity, by
3. withholding judgment or criticism of ideas.

With complex problems, it is useful to write these ideas down. Once the flow of ideas begins, the person should keep the process going as long as possible. Some people find that it helps to "sleep on the problem"--to work out possibilities in their decisions. Other people find that they have difficulty getting to sleep when they have a problem. It can also help to share the problem with a friend and ask for suggestions. While friends can help brainstorm, the person with the problem must ultimately decide what will be done about it since he or she will have to live with the consequences.

Application Exercise: Alternatives

(20 minutes)

The facilitator should ask students to refer to the problem described on Worksheet DM I-1, **Specify the Problem**, and complete Worksheet DM II-1, **Alternatives**. After students have completed the list, they should pair up and share their problems and lists. New ideas which are generated should be added to the lists. The facilitator should reassemble the large group, and process the exercise, noting what was achieved, how the class members worked together, and the emotional tone surrounding the activity.

Application Exercise: Consequences

(20 minutes)

The facilitator should introduce step three of the decision making process--exploring consequences of each alternative. Consequences are the results or effects of choices. To explore consequences is to think about what might happen if a certain alternative is put into action. Exploring consequences is a learned skill that will improve with practice.

One way to explore consequences is to review the list of brainstormed alternatives, deleting the clearly unworkable ideas. Some of the alternatives may be combined in order to arrive at a stronger alternative. Additional ideas are sometimes generated when the original list is reviewed.

The facilitator should ask the students to turn to Worksheet DM II-2, **Consequences**, and ask participants to select the three most promising alternatives from their lists. Students should write down the alternatives, the feelings that accompany each alternative, and the consequences of each alternative, both positive and negative. Questions which the facilitator can ask the students are:

1. What will happen if you choose this alternative? (Be specific.)
2. Who will be affected? How?
3. What will your life or others' lives be like now if you choose this alternative?
4. What will your life or others' lives be like in the future if you choose this alternative?

After listing positive and negative consequences, participants should determine what they need to do to reduce the negative consequences and increase the positive ones. The class should use the decision making model as a guide. Although working out difficult situations strictly by the steps given in the model--or "by the numbers"--is necessary to assure that students have understood the task, in real life people frequently move freely back and forth from step to step, let steps overlap, or do steps simultaneously using the model in whichever way works best for them.

When participants finish **Consequences**, they can take a few moments to relax, stretch, or move about.

Application Exercise: Emotions and Decisions
(10 minutes)

The first three steps of the decision making model involve logic: thinking, analyzing, and predicting. Many people make decisions based solely on these considerations and neglect the extremely important area of feelings. Even though they have made a decision based on a systematic analysis of the situation, they still do not feel satisfied with it. Other people rely almost entirely on their feelings of the moment when making decisions. They sometimes appear impulsive or foolhardy. Identifying the relationship between the intellectual component and the emotional component in problem solving will lead to more effective decision making about lifestyle behaviors.

Frequently, people do not have a clear idea of what they are feeling. An exercise like the following one may help them to uncover their feelings, so that they experience themselves as ready to make a decision. This exercise will demonstrate how calmness and relaxation are required in order to cope (rather than grope!) with lifestyle difficulties.

Before beginning this exercise, the facilitator should have students choose one of the situations on which they have been working. Then the facilitator can read or say the following in his or her own words making sure to keep a slow pace:

> "Sit in your chair in an upright and relaxed position. Close your eyes, notice any areas of tension in your body, and let them go. Imagine that your breath is coming in and out of any part that seems tense and allow the tension to dissolve with your breathing. Gently scan your body for areas of tension and breathe that tension away.
>
> "As you become more relaxed, see if there are any thoughts or background sensations that may interfere with looking at the problem you've selected to work on. You may feel rushed, anxious, or as if you are trying too hard. Simply imagine that thought or sensation as a package or object, and set it aside. Are there any other thoughts or sensations unrelated to your problem? Set them aside also. When you've cleared your mind, you can begin to look at the problem.
>
> "Imagine your problem outside of you. Perhaps, it is written on a chalkboard or maybe it is a photograph, a sculpture, a moving picture, or a television image. If possible, remain detached from whatever image or form your problem takes and simply observe it.
>
> "Is there some sensation or feeling that is part of the problem or accompanies the problem? What is that like?
>
> "As you review the alternatives and their consequences in relation to the problem, what feelings are associated with each? Do your feelings shift as you look at each alternative? How do they shift? Let your thoughts emerge naturally without force or effort. During this process, your inner voice may make comments such as 'This is stupid! I'll never be able to decide.'. If this occurs, allow it to happen and set those thoughts aside knowing you can deal with those judgments later.

> Now, you can become aware of your feelings as your mind slowly reviews the problem."

The facilitator should pause here in order to allow the class a few minutes to review the problem and experience feelings; then, continue with the instruction:

> "Do not decide anything now, just review your feelings."

After a few minutes, the facilitator can direct participants to let their awareness return slowly to the room. He or she can then lead a discussion about the exercise, using the following open ended questions:

1. What was your experience during this exercise?
2. How could you use this method during your duty day? Off duty time?

The facilitator should focus the self-disclosures towards the applicabilty of this activity in daily life, and note how the class accepts or rejects these options.

Instruction: Choosing

(10 minutes)

The next step in the decision making model is choosing. People are constantly making choices. Some choices are made knowingly. Some seem to be automatic. People choose what they do, what they wear, how they behave, who they are with, and what they notice--even when they believe they are not choosing.

The facilitator should now prepare the class for the activity of making a decision by asking participants to identify the barriers currently present for them in their particular problem. Choosing seems difficult because people often feel they need to have things in order to be secure, comfortable, and predictable. This need is usually experienced as fear of change, and the person chooses to hold onto the present rather than risk the unknown of the future. An easy way to understand how the fear works is to think of being paralyzed.

The facilitator should ask class members to describe the role which fear has played in their own decision making by asking the following questions:

1. How often do you take the risk and make the decision in order to get what you want?
2. How often do you find yourself holding off making a decision?

3. How satisfied are you with yourself and your actions?

The class can share answers to these questions and their ways of handling fear or other barriers to making decisions. As this occurs, the facilitator should reflect and synthesize the responses as a means of summarizing Choosing.

Application Exercise: Making a Decision
(15 minutes)

Participants should recall the problem they described in Worksheet DM I-1, **Specify the Problem.** They should relax and think about themselves in relation to the various aspects of the problem, the alternatives, consequences, and feelings. (The facilitator should allow a few minutes for silent introspection.) Then, he or she should ask the students to make a decision about their problem and write down their decision by completing Worksheet DM II-3, **Self-Contract for Changing.** The facilitator should then ask the following open ended questions:

1. What feelings, thoughts, and images came up when you decided?
2. What does that mean to you?
3. What other ways do you use to make decisions?
4. If you decided to not decide right now what was your rationale?

Summary: Review of Content and Process
(5 minutes)

The facilitator should focus on the participants' moving through the range of being relaxed to being tense, (or angry, or dissatisfied) and relate the emotional tone to what was happening in the class at the time.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES I: DRUG-PERSON INTERACTIONS

I. Summary of the Module

This module on drug practices emphasizes individual reactions to drugs. Drug effects depend to a large degree on an interaction between the person and the environment at the time the drug is being used. The **Survey** exercise gives participants a chance to examine their early home life and other experiences which may have contributed to later drug use.

II. Goal and Objectives

Goal: Participants will examine their history related to drugs and alcohol, their current behavior and beliefs, and discover alternative behaviors for the future.

Objectives:

Participants will become familiar with the factors which contribute to the wide variation in drug-person interactions.

Participants will identify how early learning and parental modeling relate to their past use of drugs and alcohol.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Individual Reactions to Drugs (40 minutes)
Application Exercise: Survey (40 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet DP I-1 **Survey**

V. Key Term

Drug

A drug is considered to be an active chemical that, once taken into the body, will have some effect on body systems other than the changes that occur from the ingestion of nutrients or water.

VI: References

1. Becker, M. H., Drachman, R. H. and Kirscht, J. P. (1972). "Motivations as Predictors of Health Behavior." **Health Services Reports 87(9):** 852-862.

2. Brecher, E. M. and the Editors of **Consumer Reports. Licit and Illicit Drugs.** Boston: Little, Brown and Co., 1972.

3. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

4. Griffith, H. W. **Complete Guide to Prescription and Non-Prescription Drugs.** Tucson, AZ: HP Books, 1983.

5. Institute of Medicine. (1982). **Marijuana and Health** (Report of a Study by a Committee of the Institute of Medicine, Division of Health Sciences Policy). Washington, D.C.: National Academy Press.

6. Marlatt, G. A. and Rohsenow, D. J. (1981). "The Think-Drink Effect." **Psychology Today** (December): 60-70.

7. National Institute on Alcohol Abuse and Alcoholism. (1981). **Fourth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 82-1080). Washington, D.C.: U.S. Government Printing Office.

8. National Institute on Alcohol Abuse and Alcoholism. (1983). **Fifth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 84-1291). Washington, D.C.: U.S. Government Printing Office.

9. National Institute on Drug Abuse. (1982). **Marijuana and Health: Ninth Report to the U.S. Congress From the Secretary of Health and Human Services** (DHHS Publication No. ADM 82-1216). Washington, D.C.: U.S. Government Printing Office.

10. Ray, O. **Drugs, Society, and Human Behavior** (3rd ed.). St. Louis: The C.V. Mosby Co., 1983.

11. Richards, L. G. (Ed.). (1981). **Demographic Trends and Drug Abuse, 1980-1995** (Research Monograph 35). (DHHS Publication No. ADM 81-1069). Rockville, Maryland: National Institute on Drug Abuse.

12. Weil, A. and Rosen, W. **Chocolate to Morphine.** Boston: Houghton Mifflin Co., 1983.

13. Weil, A. **The Marriage of the Sun and the Moon.** Boston: Houghton Mifflin Co., 1980.

14. Weil, A. **The Natural Mind.** Boston: Houghton Mifflin Co., 1972.

DRUG PRACTICES I: DRUG-PERSON INTERACTIONS

The process of alcohol and drug awareness begun earlier in the course continues here. This module concentrates on how participants formed their values about drugs and alcohol through the influence of their parents, early environments, and first experiences with drugs and alcohol.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Individual Reactions to Drugs

(40 minutes)

The purpose of this module is to provide accurate information about the effects of drugs and alcohol, to dispel myths, to examine factors which contribute to drug-person interactions, and to determine how each participant's early learning influenced his or her current use. Pharmacologists classify drugs on the basis of experiments on animals. When statements are made about how people react when taking a certain drug, they are only generalizations based upon the laboratory data. Because of differences in biochemistry, not all individuals react similarly to a particular drug, and the same individual may respond differently to the exact dose of a particular drug at different times. Where drugs are concerned, the laboratory is not "the world as experienced by drug users."

Question for Discussion:

The facilitator may ask the group, "What are some of the factors that affect how an individual reacts to a certain drug?" As students generate responses, the facilitator can write them down. Responses will probably include, but need not be limited to, these factors:

1. **Age**--Older people may have reduced blood flow to the liver, a lower metabolic rate, impaired kidney function, and a higher percentage of body fat when compared to younger adults. Any one of these factors can prolong the duration of a drug's effects.

2. **Fat to muscle ratio**--People with a greater fat to muscle ratio will experience the effects of certain drugs for a longer period of time than people with a lower fat to muscle ratio.
3. **Method of ingestion**--The way a drug comes into the body shapes its effects. A drug taken by mouth enters the bloodstream slowly as opposed to drugs ingested by smoking, inhaling, or injecting--all of which bypass the filtering process of the gastrointestinal system.
4. **Dosage**--It is hard to predict composition or dosage accurately with street produced or purchased drugs. They are often impure and adulterated, substituted for one another, and varying in potency.
5. **Other drugs used**--There are four ways that drugs may interact in the body:
   a. Summation. The total effects of two substances taken at the same time is equivalent to the simple sum.
   b. Antagonism. With two substances, the effect of one is to reduce the effect of the other.
   c. Synergism. Two substances together will result in a total effect much greater than the simple sum.
   d. Agonism. Two substances offer equal opposition to each other.
   Only a small number of effects of combinations of drugs are known.
6. **Expectation**--What a person thinks a particular drug will do for him or her, as well as everything known about the drug, has significance as to what is experienced.
7. **Setting**--This refers to the people and the environment in which a drug is taken. Setting greatly influences the drug's effect. For example, a pleasurable evening at a party may enhance someone's experience with alcohol.
8. **Legality**--If a drug can be used legally (for example, alcohol, caffeine, nicotine), anxiety may not be associated with its use. Illegal drug use often brings with it feelings of both a defiant sense of triumph ("I'll show you.") and an accompanying fear of being found out ("I hope I don't get caught"). Such risk taking will affect the experience an individual has with a drug. For example, the Navy's policy of "zero tolerance" for marijuana and other illicit drugs means that those service members who use these drugs are in serious violation of Navy policy. If they are found possessing, selling, or using drugs, they can be discharged

from the Navy with less than an honorable discharge. The higher the rank of the offender, the harsher the penalty will be.

Question for Discussion:

The facilitator should ask the participants to discuss this open ended question: "How has your experience with alcohol or other drugs changed as a result of the factors we have just reviewed?"

Note: The facilitator can refer to the following books for accurate information about drugs and their effects: Brecher, E.M. **Licit and Illicit Drugs.** Boston: Little, Brown and Company, 1972; Ray, O.S. **Drugs, Society, and Human Behavior** (third edition). St. Louis: The C.V. Mosby Company, 1982.

The facilitator should make sure that this self report session does not devolve into "drunk-a-logs" or "drug-a-logs" or bragging. Objective feedback to the group should reintroduce the intended focus on the here and now.

Application Exercise: Survey

(40 minutes)

The purpose of this exercise is to examine the beliefs and practices of each person's early home life in relation to drug use and how this early learning may relate to current beliefs about drugs. The class should be broken into groups of five to six people for this exercise and a reporter should be selected for each group. The facilitator should instruct participants to complete Worksheet DP I-1, **Survey.** Afterward, the reporters can lead a discussion concerning answers on the worksheet. Again, as above, the facilitator should be aware that this discussion could easily degenerate into a story telling time. There is a fine line between relating early learning to current beliefs about drugs and alcohol, and simply reminiscing about incidents of drug and alcohol induced highs. The latter would be disruptive or even destructive to achieving the objectives of this module and can be dealt with by a facilitator process comment, a self-disclosure, or objective feedback given to realign the group with the task.

Summary: Review of Content and Process

(5 minutes)

The facilitator should make process comments which trace the progress of the class in terms of the participants' insight regarding their family history of drug and alcohol use and their own use. The facilitator should ask the students to notice any relationship between their family history and what they have been learning from their **Dependency Logs**.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES VI: WHY PEOPLE USE DRUGS

I. Summary of the Module

This module is designed to help participants examine their reasons for using drugs. By uncovering these reasons, they will have a better idea of the kinds of alternative activities which can provide the valued experience that they seek from drug use. This process will enable them to make more responsible decisions about using alcohol and other legal drugs appropriately, as well as build a repertoire of activities which produce desired consciousness changes.

II. Goal and Objectives

Goal: Participants will examine the reasons underlying their use of drugs and alcohol and practice alternative behaviors which, when routinized in daily life, will provide valued experience.

Objectives:

Participants will use the **12 Hours Before** worksheet to reconstruct feelings, actions, and experiences preceding their use of drugs and alcohol.

Participants will report on **Observation** worksheet.

Participants will identify the experiences they value from substance use by participating in the **Substance User Survey** exercise.

III. Outline

Review: Why Are We Here? (5 minutes)
Dialogue: Why Use Drugs? (20 minutes)
Application Exercise: Observation (20 minutes)
Application Exercise: Substance User Survey (30 minutes)
Dialogue: Outlining Life's Facets (10 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP VI-1	**Twelve Hours Before**
Worksheet DP VI-2	**Observation**
Worksheet DP VI-3	**Substance User Survey**

V. Key Term

Drug

A drug is considered to be an active chemical that, once taken into the body, will have some effect on body systems other than the changes that occur from the ingestion of nutrients or water.

VI. References

1. Beary, J. F., Mazzuchi, J. F. and Richie, S. I. (1983). "Drug Abuse In The Military: An Adolescent Misbehavior Problem." **Journal of Drug Education 13(1):** 83-93.

2. Blizard, R. A. and Teague, R. W. (1981). "Alternatives to Drug Use: An Alternative Approach to Drug Education." **The International Journal of the Addictions 16(2):** 371-375.

3. Dembo, R. (1981). "Critical Issues and Experiences in Drug Treatment and Prevention Evaluation." **The International Journal of the Addictions 16(8):** 1399-1414.

4. Dubos, R. (1975). "The Despairing Optimist." **The American Scholar** (Summer): 350-353.

5. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

6. Jessor, R. and Jessor, S. L. (1975). "Adolescent Development and the Onset of Drinking." **Journal of Studies on Alcohol 36(1):** 27-51.

7. Jessor, R., Chase J. A. and Donovan, J. E. (1980). "Psychosocial Correlates of Marijuana Use and Problem Drinking in a National Sample of Adolescents." **American Journal of Public Health 70:** 604-613.

8. Kim, S. (1981). "Synthetic-Dynamic Theory of Drug Abuse Patterns." **The International Journal of the Addictions 16(7):** 1301-1304.

9. Richards, L. G. (Ed.). (1981). **Demographic Trends and Drug Abuse, 1980-1995** (Research Monograph 35). (DHHS Publication No. ADM 81-1069). Rockville, Maryland: National Institute on Drug Abuse.

10. Solomon, J. and Keeley, K. A. **Perspectives in Alcohol and Drug Abuse.** Bristol, England: John Wright. PSG Inc., 1982.

11. Weil, A. **The Marriage of the Sun and the Moon.** Boston: Houghton Mifflin Co., 1980.

12. Weil, A. **The Natural Mind.** Boston: Houghton Mifflin Co., 1972.

DRUG PRACTICES VI: WHY PEOPLE USE DRUGS

Throughout this course, the emphasis has been on participants examining their values and decisions about lifestyle choices. Still, participants are here because of a concern about their own or others' use of drugs and alcohol. Drug Practices VI, VII, and VIII provide a line of thinking which assists participants in systematically reviewing their reasons for using any drugs at all--legal or illegal. Worksheets assist the participants in reviewing the negative and positive consequences of their drug use in comparison with what they hoped to have gained. Participants are assisted in generating some interesting alternatives to being dependent on drug induced experiences. Based on what they learn about themselves, participants will then be equipped to set up a realistic plan of action for developing appropriate relationships with substances.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Dialogue: Why Use Drugs?
(20 minutes)

The purpose of this activity is to allow time for examination of why participants use alcohol or drugs. If certain feelings, situations, or people precede alcohol or drug use, participants will learn to recognize these factors beforehand; then they will be free to choose other activities which will substitute for that use.

The facilitator should ask participants to review their completed assignment, Worksheet DP VI-1, **12 Hours Before.** The facilitator should then ask if someone will share what he or she has written with the class. Some open ended questions to generate discussion are:

1. How was this a difficult or an easy thing to do? What was easy? What was difficult?
2. How were you surprised by any of your answers? Please tell the class more about that surprise.
3. What did you discover about yourself of which you were previously unaware?

4. Describe how the encounter that you have mentioned is typical of other times that you have used drugs. How was it different?
5. Did this use of drugs do for you what you hoped it would? In other words, do you think your decision to use the drug was an effective decision?

Application Exercise: Observation
(20 minutes)

The facilitator should ask the students to turn to Worksheet DP VI-2, **Observation**, and should begin a discussion of this assignment, focusing on addictive behaviors that were observed by students and their personal reactions to abstaining from using a substance or doing an activity. As the discussion emerges, the facilitator can note some of the themes mentioned by the students on the chalkboard or on newsprint. Some questions the facilitator can use to encourage discussion are:

1. What did you notice people eating or drinking?

2. What did you notice people talking about?

3. What did you notice about people's voices or postures?

4. How did you feel?

5. What did you think?

6. What did you do?

Application Exercise: Substance User Survey
(30 minutes)

The purpose of this exercise is to examine why individuals use chemical substances and what experiences they expect to obtain from them. The facilitator should ask students to complete Worksheet DP VI-3, **Substance User Survey.** After the students have completed and scored their surveys, the facilitator should begin a discussion which encourages the participants to look for patterns in the experiences they seek with their substance use. The following questions, though not open ended, may help the participants identify their own patterns.

1. Do you use the substance to express more of your personal feelings, both positive and negative, to others?
2. Do you use it for its effects on your sleep?

3. Do you use it for the apparent stimulation it provides to thinking or creative work?
4. Do you use it to drown out your thoughts or to become more self-accepting?
5. Do you use it to become less inhibited and more risk taking?
6. Do you use it to change your perceptions of the world or of your body?
7. What is your combination of motives for using substances such as alcohol or marijuana?

The facilitator can generate additional discussion by asking for some self-disclosures regarding the experiences individuals seek. Students should change answers on their questionnaires if they reinterpret the meaning of their experiences with the substance.

Next, the facilitator should encourage discussion of the undesirable or uncomfortable experiences students have after using the substance by asking such open ended questions as:

1. What about the substance makes you uncomfortable?
2. What side effects do you experience that you dislike?
3. What are the costs involved with substance use for you?

At this point, the facilitator should summarize what the group has learned about its pattern of experience resulting from substance use.

Dialogue: Outlining Life's Facets

(10 minutes)

Most people probably go through life without giving much thought to the fact that they play many different roles everyday. Each role is derived from a different aspect of life. The various roles and aspects, along with the manner of acting within them, constitute the person's lifestyle. Each role affects all the other roles in some way.

To think about this in another way, you can compare the different roles to the members of the Navy's Shore Patrol team. Each position, or role, is vital to the overall workings of the Shore Patrol Division. The way each member performs affects every other member and the efficiency of the patrol. If the dispatcher has a headache, he or she may convey inaccurate or incomplete information to those on patrol. The deficiency in information places the patrolmen at a disadvantage. Suppose that the dispatcher conveys the wrong address of a disturbance. The patrolmen who are closest to the disturbance will not offer assistance, and other patrolmen who believe they are closest will attempt to find the disturbance. Valuable time and manpower will be lost until the correct address is identified. The patrolmen will not be able to properly back each other up since the dispatcher's error will disrupt predictable procedures. The analogy could continue almost indefinitely. But the point is that any problem for one member quickly becomes a strategy and coordination problem for the entire Shore Patrol.

The use of substances operates likewise and does affect many different areas of life simultaneously, since each is in some way related to every other one. The goal of this section is to provide the opportunity for participants to look at the various aspects of their lives and to identify how these can be affected by substance use.

At this time, the facilitator should ask participants to generate a list of the areas of life that can be affected by substance use. As participants select different life categories, the facilitator should write them on the chalkboard or newsprint. The categories should include the following: personal, physiological, and professional.

Summary: Review of Content and Process
(5 minutes)

The facilitator should solicit process comments from the class members regarding the manner in which the group managed the tasks which required members' outside preparation time.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES VII: CONSEQUENCES OF SUBSTANCE USE

I. Summary of the Module

This module examines the consequences of substance use, emphasizing the impact to the individual as a member of the Military Service. Participants will investigate what the consequences of substance use might be, and reflect on past or current difficult personal and work situations related to substance use.

II. Goal and Objectives

Goal: Participants will examine the behavioral effects of the use of substances and identify performance related to use in terms of their roles as members of the Navy.

Objectives:

Participants will examine consequences of substance use.

Participants will discuss how substance use affects their job performance.

Participants will develop and practice strategies for dealing with substance related performance problems in their workgroup.

III. Outline

Review: Why Are We Here? (5 minutes)
Dialogue: Substance Choices (10 minutes)
Dialogue: A Timeline of Consequences of Substance Choices (20 minutes)
Application Exercise: Consequences of Substance Choice (20 minutes)
Application Exercise: Effects of Substance Use on Job Performance (10 minutes)
Application Exercise: Consequences of Substance Use in the Work Area (20 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP VII-1	**Consequences of Substance Choice**
Worksheet DP VII-2	**Effects of Substance Use on Job Performance**

V. Key Terms

Consequence

The occurrence of one event or group of events which consistently follows identifiable precipitating events. A consequence can be positive, neutral, or negative. Sometimes the same consequence can be differently perceived by different people. For example, one immediate consequence of smoking marijuana is the induction of a dreamy-like state that might be viewed as a positive approach to passing time by one person or as a serious threat to productive behavior by another person.

Depressant

Depressants are drugs that decrease the excitability of the nervous system and its sensitivity to outside stimulation. Low doses of depressants can induce relaxation and loss of inhibition while higher doses induce lethargy or loss of consciousness. Extremely high doses cause greater depression of the nervous system and anesthesia. In a study where dogs were given barbiturates, a depressant, in varying doses, the dogs showed sedative, hypnotic, or anesthetic effects as the dosage was increased.

The depressants are classified into several categories of drugs such as sedative-hypnotics, barbiturates and other sleeping pills, tranquilizers, narcotics, and general anesthetics. Alcohol is the most well known and frequently used sedative-hypnotic. Valium (diazepam) is one of the most frequently prescribed tranquilizers. All drugs that are depressants induce similar effects on the nervous system.

High Fat/High Sugar

High fat/high sugar is a descriptor for a type of diet that includes foods which have a high fat content and foods which have a high sugar content. Although the two food groups are distinctly different, the presence of either excess fat or excess sugar is the same in that an excess of either is stored within the body without being metabolized as beneficial nutrients.

High fat refers to foods which contain animal fats that are not readily metabolized as beneficial nutrients. Cream, butter, whole milk, deep fat fried food, and potato chips are examples of foods with high fat content. These fats are deposited in tissues throughout the body, and their presence is not beneficial for the living system.

Low fat refers to foods which contain vegetable fats that are readily metabolized as energy. Vegetable or plant fats are essential for normal growth and maintenance of the living system.

High sugar refers to foods which contain only sugar without additional nutrients. Candy and soda pop are examples of foods which provide only sugar and are devoid of nutrients.

A low sugar diet is one that includes complex carbohydrates that supply energy as well as bulk, amino acids, and other nutrients. Complex carbohydrates are metabolized to glucose that provides energy. These foods include whole grains and vegetables.

Integration

Integration is the process of one part combining with another part to form a whole. The way in which the union occurs affects the outcome. This concept applies to the combination of various factors such as foods, aerobic activity, toxic chemicals, drugs, and many other elements. There are several ways in which this union can take place: summation, synergism, agonism, and antagonism.

Summation (1+1=2) is an action in which the outcome is a result of the simple addition of contributing parts. For example, when aspirin and vitamin C are consumed, the blood plasma levels of both are raised in relation to the amounts consumed. Similarly, consumption of aspirin and Tylenol results in an additive accumulation of the chemicals contained in each.

The effects of radiation occur as a summation. Radiation results from two categories of sources: natural radiation and radiation caused by humans. Natural radiation has existed for billions of years and can be traced to the cosmic explosion that created our galaxy. Radiation caused by humans has resulted from consumer products from radiation sources, medical equipment and procedures such as x-ray, and nuclear fuel and weaponry. Radiation from all these sources accumulates with an additive outcome.

Synergism (1+1=3) is an action in which the outcome of the combination of two or more parts is greater than the addition of the individual parts. For example, although tobacco smoke and asbestos cause lung damage, the combined effect of both of them is more injurious to the lungs than each one individually. Likewise, coffee and the decongestant, pseudoephedrine, cause restlessness separately, but the combined effect of both of them is a greater degree of restlessness than could be anticipated by simply adding the effects of caffeine to pseudoephedrine. Similarly, the effects of either marijuana or alcohol impair driving ability. When both are consumed together, driving is more impaired than by the mere sum of the effects of each.

Synergism is a process that applies to outcomes other than chemical ones. Consider the function of a rudder on a ship in that its attachment to the stern allows control over the ship's direction. The presence of the trimtab on the rudder greatly increases efficiency in directing the ship's course. The benefits of combining the trimtab with the rudder outnumber the sum total of the individual pieces.

In another example, consider the complexity of group dynamics. Members of the group contribute to the group's processes by working for inclusion and for achievement of goals. The outcome is a dynamic process that exceeds the effects of merely summing the two types of contributions.

Agonism (1+1=1) is an action in which the contributing parts offer equal opposition resulting in nothing gained and nothing lost. For example, when one part of helium combines with another part of helium, the result is one part of helium. In another example, when the elbow joint adjusts to a load applied to the lower arm, the tension of the biceps increases and the tension of the triceps decreases, thus maintaining original muscle lengths.

Antagonism (1+1=0) is an action in which the force of one part completely cancels the force of another part. For example, the effect of smoking tobacco and taking vitamin C is to inhibit the absorption of vitamin C. Likewise, the consumption of alcohol inhibits the absorption of B complex vitamins. Finally, the active ingredient in antacid, aluminum hydroxide, inhibits the action of penicillin.

Marijuana

Evidence suggests that there are three species of marijuana plants: Cannabis Sativa, Cannabis Indica, and Cannabis Ruderalis. Cannabis Sativa grows wild throughout the United States and Canada and typically contains less than 1% of the material that is known to induce a high. It is commercially grown primarily because its fibers are used to make hemp rope. Cannabis Indica is the plant usually grown for its ability to make people feel high. The composition of this marijuana is 2 to 5% psychoactive material. Cannabis Ruderalis grows mainly in Russia and does not grow at all in the United States.

The primary psychoactive component of marijuana is Delta-9 tetrahydrocannabinol (THC). THC is found in the resin of the plant with the greatest concentration in the flowering parts, less in the leaves, and still less in the stems. Hash (or hashish) is a more concentrated form of marijuana because it is made from just the resins of the flowering parts of the marijuana plant.

Marijuana, as a drug, has had a long and colorful history. However, at the present time, possession, use, and sale of marijuana are illegal in every state in the United States. Although states vary in terms of the severity of the laws regulating use and possession of marijuana, the United States Navy has an offical policy of "zero tolerance" for all illegal drugs. Marijuana is an illegal drug.

Rebound

Rebound is the recovery of the human system following consumption of any substance that impacts on the nervous system. Rebound occurs in order to offset the effects of the substance and return the system to a normal operating state. Common rebound reactions are lethargy, headache, nausea, and various bodily aches. The "hangover" that occurs following consumption of alcohol or other depressants is the most familiar rebound effect. However, any substance that affects the nervous system can produce a rebound reaction.

Stimulant

Stimulants are drugs that cause the release of stimulating chemicals throughout the nervous system and various parts of the body. They can induce feelings of alertness and energy as well as increases in heart beat and blood pressure. Stimulant drugs produce effects not unlike those which result from experiences such as carnival rides or prolonged physical exercise. In both types of cases, stimulating chemicals are released which arouse the nervous system and contribute to feelings of excitement. The effects of stimulant drugs tend to be more powerful than exciting experiences because their effects can impact with greater magnitude and they can last longer.

The most frequently used legal stimulants are nicotine and caffeine. Nicotine is the substance present in cigarettes and cigars. Caffeine is present in most coffees, teas, cola drinks, and chocolates. Cocaine is an illicit stimulant that is produced from South American coca leaves. Amphetamines are a class of synthetically produced stimulants.

Substance

Substances are matters of identifiable chemical composition. In this sense, substance is a very general term that includes all chemical elements and compounds. Water, or H20, is a liquid substance produced by combining two parts of hydrogen with one part of oxygen.

All drugs are substances, but not all substances are drugs. The term, drug, is typically reserved for substances that in minute amounts are capable of producing significant changes in living systems. Additionally, the members of a specific culture have come to identify a substance as a drug rather than as a food or other substance. In general, most Americans would probably identify the mescaline present in peyote as a drug whereas some Native Americans might identify this substance as a vehicle for religious worship.

Substances that are not typically identified as drugs, but that do produce significant changes in living systems, are present in many foods. Some examples are sugar, salt, and fats.

Substance Choice

A substance choice is the outcome of a decision making process regarding which substance to consume. One might choose beer instead of cola, or fresh fruit juice instead of water.

VI. References

1. American Medical Association. **Manual on Alcoholism** (3rd ed.). Monroe, WI: American Medical Association, 1977.

2. Brecher, E. M. and the Editors of **Consumer Reports. Licit and Illicit Drugs.** Boston: Little, Brown and Co., 1972.

3. Estes, N. J. and Heinemann, M. E. **Alcoholism** (2nd ed.). St. Louis: The C.V. Mosby Co., 1982.

4. Girdano, D. A. and Dusek, D. **Drug Education** (3rd ed.). Reading, MA: Addison-Wesley, 1980.

5. Griffith, H. W. **Complete Guide to Prescription and Non-Prescription Drugs.** Tucson, AZ: HP Books, 1983.

6. Institute of Medicine. (1982). **Marijuana and Health** (Report of a Study by a Committee of the Institute of Medicine, Division of Health Sciences Policy). Washington, D.C.: National Academy Press.

7. National Institute on Alcohol Abuse and Alcoholism. (1981). **Fourth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 82-1080). Washington, D.C.: U.S. Government Printing Office.

8. National Institute on Alcohol Abuse and Alcoholism. (1983). **Fifth Special Report to the U.S. Congress on Alcohol and Health** (DHHS Publication No. ADM 84-1291). Washington, D.C.: U.S. Government Printing Office.

9. National Institute on Drug Abuse. (1982). **Marijuana and Health: Ninth Report to the U.S. Congress from the Secretary of Health and Human Services** (DHHS Publication No. ADM 82-1216). Washington. D.C.: U.S. Government Printing Office.

10. Ray, O. **Drugs, Society, and Human Behavior** (3rd ed.). St. Louis: The C.V. Mosby Co., 1983.

11. Richards, L. G. (Ed.). (1981). **Demographic Trends and Drug Abuse, 1980-1995** (Research Monograph 35). (DHHS Publication No. ADM 81-1069). Rockville, Maryland: National Institute on Drug Abuse.

DRUG PRACTICES VII: CONSEQUENCES OF SUBSTANCE USE

In this module, participants will examine the consequences of substance use for their own well being with focus on the social, health, and work areas.

Review: Why Are We Here?

(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. This will provide continuity as the class progresses.

Dialogue: Substance Choices

(10 minutes)

A substance choice is the outcome of a decision regarding which substance to consume. In this context, substance can refer to food items, legal drugs, or illicit drugs. Basically, to consume is to take something into the body.

Many people do not realize that they make many substance choices per day. The decision to drink coffee and eat a sweet roll for breakfast is a substance choice. The decision to drink fruit juice rather than alcohol is a substance choice. The decision to have four beers rather than one beer or no beer is a substance choice. Most people rarely belabor personal decision making about these types of choices. Substance choices usually occur fairly automatically.

Sometimes, certain consequences of substance choices do not immediately follow the decision to use a substance. Therefore, it may be difficult for someone to connect specific consequences to the use of particular substances. Weight gain related to daily consumption of potato chips and other "junk foods" usually occurs slowly over time. Similarly, classic symptoms of a hangover, such as headache, upset stomach, and/or fatigue, usually occur the day after consumption of alcohol. As an example of a health enhancing behavior, the benefits of consuming fresh oxygen during aerobic exercise usually occur following repeated and consistent involvement with this activity. The delay between substance choices and consequences often makes it difficult to connect these events.

The facilitator should invite the students to identify specific, daily substance choices. This can be done by asking the students the following open ended questions:

1. What substance choices did you make on your last break?
2. What substance choices do you find yourself making everyday?

Dialogue: A Timeline of Consequences of Substance Choices
(20 minutes)

Certain specific consequences of substance choices usually occur at different points in time. The facilitator should introduce a timeline to the students with the dimensions listed below. This timeline can be introduced visually on a board or on newsprint. Or, the facilitator can invite the students to imagine this timeline.

A. Immediate Consequences

Immediate consequences occur at the same time that the decision is made. One choice excludes the occurrence of a different choice. For example, since one does not typically run while smoking a cigarette, the act of smoking can prevent immediate participation in this form of exercise. In another example, the decision to have cake for dessert usually prevents simultaneous consumption of fruit since most people rarely have two items for dessert.

One way to conceptualize "immediate consequences" is by identifying immediate gains and losses which accompany substance choices. For example, a cup of coffee in the morning can act as a stimulant such that an individual who makes this substance choice perceives a "wake-up" effect. One loss that accompanies this choice is an awareness of the potential "wake-up" effect of taking a shower.

The facilitator should invite the students to identify potential immediate consequences of specific substance responses. One way to do so is to raise the question, "What choices are automatically eliminated when one choice is made?" If the students have difficulty identifying immediate consequences, the facilitator can bring up items from the following list as examples.

SUBSTANCE CHOICE	**POTENTIAL CONSEQUENCE**
Eating raw vegetables and raw fruit for snacks.	Not eating crackers or other "junk food" hors d'oeuvres.
Drinking coffee as a way to "wake up" in the morning.	Not allowing oneself to learn other ways to wake up.
Smoking marijuana.	Restriction of one's social group to only those who

	participate in this illicit behavior.
Drinking alcohol as a way to kick back and relax.	Not allowing oneself to learn other ways to become relaxed.

Once the students have gotten the idea that immediate consequences are those which promote one choice while inhibiting the occurrence of other choices, the facilitator should move on to the next point in the timeline.

B. One to Twelve Hours Following Substance Choice

These consequences usually occur fairly immediately following the substance choice. The facilitator should remind the students that the factors discussed in Drug Practices I, Drug-Person Interactions, influence these consequences. For review, the facilitator can ask the students to quickly list factors that affect how an individual reacts to a drug.

The facilitator should then lead a brief discussion to illustrate consequences that fall into this time frame. Ask the students to identify one substance for which they can discuss one to twelve hour consequences.

C. Day After Consequences

The most common "day after" consequence of consuming alcohol is referred to as "the hangover." Many people do not realize that consumption of any substance which affects the nervous system is typically followed by a rebound period before the body becomes balanced again. The facilitator should have the students identify rebound effects following substance consumption.

D. Long Term Consequences

These consequences can occur at anytime following the substance choice from a couple days to the rest of one's life. Obviously, this category is the most far reaching and general.

Application Exercise: Consequences of Substance Choice

(20 minutes)

Depending on time available and the character of the class, the facilitator may choose to do only one of the initial two Application Exercises presented in this module. If time is available, both exercises should be done; however, if not, the facilitator's choice should be based on the purpose of each exercise.

The purpose of this exercise is to determine the personal consequences of choosing certain substance use.

The facilitator should tell the students that they will break into small groups of five to six members to fill in Worksheet DP VII-1, **Consequences of Substance Choice.** The facilitator should tell the students that once they are in small groups, they should take about five minutes to write down information related to personal experience. It is unlikely that any one person is familiar with all aspects of all substances that are listed. The students should then share what each has written while in small groups.

The facilitator should have the students return to the large group to discuss the following:

1. What have you found out about yourself during this activity?
2. What substances do you have positive feelings about, and why?
3. What substances do you have negative feelings about, and why?

Application Exercise: The Effects of Substance Use on Job Performance

(10 minutes)

The purpose of this exercise is to determine the impact of substance use on an individual's job performance.

The effects of substance use on job performance vary and depend on the individual as well as the substance. Certain substances have well known effects: alcohol, for example, is a depressant and produces drowsiness, clumsiness, and sometimes dizziness. These effects, however, vary from individual to individual and differ due to the amount of alcohol consumed, as well as the person's weight, age, diet, health, and mood. Therefore, the effects of substance use on job performance is individually specific.

The facilitator should ask the students to turn to Worksheet DP VII-2, **The Effects of Substance Use on Job Performance.** The facilitator should ask the students to fill in the last column of the worksheet, then begin a discussion, using the following open ended questions:

1. What have you learned?
2. How do you feel about what you have learned?

3. How can you apply what you have learned?

Application Exercise: Consequences of Substance Use in the Work Area
(20 minutes)

The facilitator should review the scenarios summarized below and select one or two which best apply to the work situations and type of population applicable to the class e.g., lower enlisted, mixed group, higher ranking. The facilitator may choose to have the class construct its own scenario if none of these directly apply. The facilitator should ask for five to six volunteers to participate in each role play. One role play should occur at a time, while class members observe. A second role play can be done as time allows. Following the role play, the facilitator should lead a group discussion based on the questions listed under the scenarios.

Scenario I:

Work Station:	Communications Station, Navy Security Group
Type of Group:	Mixed Enlisted
Participants:	2 Data Systems Technicians 3 Communications Technicians 1 Communications Supervisor

All participants work in a top security clearance Communications Station. The three communications technicians monitor messages registered on computer equipment to insure the proper throughput of these messages. The equipment is the responsibility of each technician. The data systems techs are available to repair equipment when necessary. The supervisor oversees all activities.

Due to the sensitive nature of the computer equipment, there is no smoking allowed in this area. Those who take a smoke break must leave the area to do so. When one of the communications technicians takes a break, the other two must monitor that equipment in addition to their own.

One of these technicians consistently takes a smoke break every 45 minutes. Role play that technician leaving to take a break and having one of the other technicians cover the equipment.

Questions for Discussion:

The facilitator should raise these questions following the role play:

1. How did the remaining technicians feel about the additional work?

2. How did the technician on break feel about leaving the station?

3. How did other employees respond?

4. What did the observers notice?

Scenario II:

Work Station: Mess Management
Type of Group: Mixed, but primarily lower enlisted
Participants: 1 Mess Management Specialist
2 Cooks
2 Mess Servers
1 Dishwasher

All participants work together to prepare the Officers' mess for breakfast. It is very hectic, and all workers rely on each other to complete individual responsibilities. One of the cooks shows up late for work. The cook had been consuming alcohol the night before, and has a BAC of .12 this morning. This cook has difficulty completing assigned work without errors.

Questions for Discussion:

The facilitator should raise these questions following the role play:

1. How did the other kitchen employees feel about the cook's behavior?

2. How did the cook feel during the role play?

3. What did the observers notice?

Scenario III:

Work Station: Disbursing Office
Type of Group: Mixed
Participants: 1 Disbursing Officer (Supervisor)
3 Disbursing Clerks
2 Yeomen (Clerical Staff)

All participants are responsible for clerical duties related to pay records (1 clerk), payroll distribution (1 clerk), and cashier services (1 clerk). The two Yeomen provide additional clerical support services. During this role play, it is pay day, and all employees are busy.

The two Yeomen have just returned from lunch. They are both lethargic due to the high carbohydrate lunch each consumed, e.g. fried chicken, french fries, whole milk, and chocolate cake.

Questions for Discussion:

The facilitator should raise these questions following the role play:

1. How familiar is this situation?

2. How did the clerks feel about the Yeomen's behavior?

3. How did the Yeomen feel?

4. What did the observers notice?

Scenario IV:

Work Station: Supply Office
Type of Group: Mixed
Participants: 1 Supply Manager
1 Inventory Clerk
2 Third Class (stock flow: move materials and delivery)
1 Office Clerk responsible for answering phones, filing, and other office duties

All participants work in a supply office. The office clerk is responsible for administrative support services, including routing information properly, e.g. delivers requisitions to the inventory clerk and to one of the 3rd classes.

The office clerk has been snorting cocaine during breaks and during lunch. The other employees are unaware of this, but they have noticed changes in the clerk's mood and work output.

Questions for Discussion:

1. How did the other employees feel about the clerk's behavior?

2. How did the clerk feel during the role play?

3. What did the observers notice?

Options For The Facilitator:

The scenarios which have been described have all included one area supervisor. Following the role play and discussion, the facilitator can invite participants to continue the role play by inviting the area supervisor to give feedback to the employee(s) who have shown poor work performance. If the facilitator opts for this continuation of the role play, time should be allotted for discussion following it.

Questions for Discussion:

1. How did the supervisor feel?

2. How did the employee(s) feel?

3. What did the observers notice?

Summary: Review of Content and Process

(5 minutes)

The facilitator should solicit some process comments from the class by asking open ended questions which will assist participants in identifying the role they have played in the group. Students' comments regarding the role play's impact should be encouraged.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DECISION MAKING III: MAINTAINING CHANGE

I. Summary of the Module

This module emphasizes steps six, seven, and eight of the decision making model. Participants will apply instructions to developing plans to implement their choices generally, as well as evaluating and utilizing results of their specific lifestyle behavior choices. The exercises in the module focus on how to construct an action plan to implement a decision, how to evaluate the results of a decision, and how to maintain the changes made.

II. Goal and Objectives

Goal: Participants will learn the three elements of the final phase of a systematic and effective model for making decisions, which they will apply to personal or command situations involving drugs and alcohol, or other lifestyle behaviors.

Objectives:

Participants will outline a specific action plan to implement a chosen alternative.

Participants will reassess a recent life decision by evaluating results. Using the worksheet **Maintaining Change**, participants will learn ways of assessing and supporting changes already made.

III. Outline

Review: Why Are We Here? (5 minutes)
Application Exercise: Music Video C (10 minutes)
Instruction: Taking Action (20 minutes)
Dialogue: Evaluating Results (20 minutes)
Application Exercise: Maintaining Change (30 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheet

Worksheet DM III-1 **Maintaining Change**

V. Key Terms

Decision Making

Decision comes from Latin roots meaning to "cut off." Decision making means to cut off all the arguments, for and against, and to make up one's mind. It sounds fairly straightforward, but decision making actually involves several steps that are not necessarily ordered, and not every decision requires each step. The basic steps involved in decision making are:

1. defining the problem;
2. generating alternatives;
3. exploring consequences;
4. exploring feelings;
5. choosing;
6. putting the choice into action;
7. evaluating the results; and
8. maintaining change.

Problem Solving

Problem solving involves finding ways to get what one wants and needs, or finding several ways to act effectively in situations. It is important to remember that a solution workable for one person may not work for someone else. All that anyone can do is to share his or her solution. It is up to the individual with the problem to actually choose the solution.

VI. References

1. Brammer, L. M. **The Helping Relationship** (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

2. Egan, G. **The Skilled Helper.** Monterey, CA: Brooks/Cole Publishing Co., 1982.

3. Gazda, G. M., Childers, W. C. and Walters, R. P. **Interpersonal Communication.** Rockville, Maryland: Aspen Systems Corp., 1982.

4. McKay, M., Davis, M. and Fanning, P. **Messages: The Communication Book.** Oakland, CA: New Harbinger, 1983.

5. McKay, M., Davis, M. and Fanning, P. **Thoughts and Feelings: The Art of Cognitive Stress Intervention.** Richmond, CA: New Harbinger, 1981.

6. Mechanic, D. and Cleary, P. D. (1980). "Factors Associated with the Maintenance of Positive Health Behavior." **Preventive Medicine 9:** 805-814.

7. Miller, S., Wackman, D., Nunnally, E. and Saline, C. **Straight Talk.** New York: The New American Library, 1982.

DECISION MAKING III: MAINTAINING CHANGE

After participants have enhanced their perceptions of themselves, their positions in difficult situations--including the amount of control they have over themselves--they are likely to make different decisions than before. This module will help them put their new decisions into action and evaluate the results.

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Application Exercise: Music Video C
(10 minutes)

The purpose of this exercise is to show the students a dilemma amenable to the decision making model. Hopefully, the students will become aware of the broad application of this model and the inevitable emotional component of making decisions.

The facilitator should tell the students that they are going to listen to and watch a short music video. After the students have observed **Music Video C,** the facilitator should lead a discussion based on the following questions:

1. How did you feel about the activity in the music video?
2. At what points did you find yourself feeling strongly about what you were viewing?
3. How do you believe strong feelings such as these affect decision making?
4. When you worked on your **Self-Contract for Changing,** what kinds of feelings came up for you?

Instruction: Taking Action
(20 minutes)

The facilitator should begin this topic by reminding students that in Decision Making I and II they chose a problem in their lives to work on, and made a decision about that problem by following the steps of a decision making model. The facilitator should then lead a discussion with the class about the last steps of this model--acting and evaluating--using the material from DM II-3, **Self-Contract for Changing** for the discussion. The participants should refer back to the **Self-Contract for Changing** in order to create a goal oriented plan of action or to identify the plan they have already established.

Making a decision or choice is not the final step in the decision making process. One must create a plan which builds in a process for continually increasing motivation. This process creates the energy necessary to implement that choice and evaluate the results. Sometimes, this whole process may be problematic in that a person knows what he or she wants to do but has trouble getting started.

Or, the individual may begin some avoiding behaviors which will prevent goal achievement. Some examples of these include: procrastinating; trading down--that is, doing less than planned; delegating the decision to something else (dice, cards, coin toss); and devaluation of the original goal by distorting supporting information. With this last avoidance, in the case of a decision to stop smoking because of the health risk it poses, the individual would search for facts which challenge the health risk research. (In this case, the individual would accept the R.J. Reynolds advertisement which states that the facts of the smoking-lung cancer link are not all in yet). At other times, a person is able to simply proceed with the task. What goes on that accounts for this difference? The following questions can be used by the facilitator to elicit discussion:

1. Why do you follow through with some decisions and not with others?
2. What happens when you stop yourself from acting?
3. What do you tell yourself?
4. How can you change your thoughts so that they help you to act instead of interfering with action?

What does a person need to do if he or she decides to act on a decision? Developing a plan of action may require nothing more than taking the alternative one has chosen and using it as a guide. In more complicated situations, the chosen alternative may only provide a skeleton for action and it will be necessary to expand on this outline with further work. In this case, asking a series of questions similar to those used to define the problem may be helpful. The facilitator should use the following questions as a guide for this discussion:

1. What do you need to implement this decision?
2. How might a support person be helpful for you?
3. Who do you need to assist you?

4. Where will you implement the plan?
5. When do you want to complete this?
6. How can you do this most efficiently?

It is important to divide the total action plan into several easy steps. Breaking the plan into small tasks makes it easier to get started and to follow through and makes it less likely that one might become overwhelmed by the plan.

Dialogue: Evaluating Results
(20 minutes)

For the following discussion, the facilitator should continue to have students refer to the plan of action they used to implement their **Self-Contract for Changing.**

At the completion of each step of the action plan, individuals get a result which is feedback about what happened. A person may find what he or she expected and move on to the next step. Or, what is more exciting sometimes, the result may be something he or she did not expect. An unexpected result may indicate that a mistake has been made, or that there is new information to be used in reassessing the situation. When carrying out steps in action plans, the following questions might help in providing feedback and evaluating results:

1. What did I learn?
2. Is this what I expected?
3. If not, how is it different?
4. What feedback does this provide?
5. What do I need to do next?

It is important to emphasize that as one acts, gets results, and evaluates those results, one may decide to change one's plan of action or decision. Feedback provides new information to cycle back into the decision making process. This is the value of feedback.

Note: Sometimes the class members become bored or discouraged with the kind of thinking (task analysis) the Decision Making modules require. Comments from students on their experience of decision making--as opposed to their experiences of other modules--often assist self-awareness in identifying the individual's most comfortable learning style.

Application Exercise: Maintaining Change
(30 minutes)

After a change is made and a new behavior is implemented, the next step is to determine how to maintain that change. Under stressful conditions, individuals will at times revert to old behavior, especially during the early stages of implementing the new behavior. The use of practice and reinforcement will strengthen the new behavior and maintain change.

The following questions can be used to encourage the students to begin thinking about the factors affecting maintenance of new behavior:

1. How do you feel about your new behavior?
2. Are you reinforcing yourself for making the change?
3. Is your self-talk positive or negative regarding this change?
4. What will happen if you stop the new behavior?
5. How will you begin again?
6. What resources will you rely on to help you maintain your new behavior, or to begin again? Examples of resources may include:
    a. self-nurturance,
    b. positive self-talk,
    c. reaching out to family, friends, and support groups, and
    d. seeking encouragement from others.

7. How might you sabotage yourself from maintaining the new behavior?

At this time, the facilitator should instruct participants to complete Worksheet DM III-1, **Maintaining Change**. After students have completed the worksheet, the facilitator should focus the discussion on what people have learned from this exercise and how to apply this to other goals they choose to implement.

The facilitator should encourage students to use occasions when they revert to old behavior as opportunities to practice new skills, such as positive self-talk, and support from others, in order to restart the new behavior.

Summary: Review of Content and Process
(5 minutes)

The facilitator should draw together the outcomes of the class members' attention to the details in completing the worksheets and the analytic process surrounding each one. The key point here is the manner in which participants contended with the tediousness.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

DRUG PRACTICES VIII: GOAL SETTING FOR CHANGE

I. Summary of the Module

The focus of this module is goal setting and resetting. When individuals make a decision that they want to implement, they will increase their probability for success if they set goals that are personally realistic and achievable. The instructional part of this module lists the critical conditions for a realistic goal setting process. At the end of the module, participants will write a detailed **Plan of Action** to help them achieve a desired goal.

II. Goal and Objectives

Goal: Participants will learn a goal setting process which is applicable to making changes in lifestyle behaviors including use of drugs and alcohol.

Objectives:

Participants will be able to list resources of people and places within the Navy community where they can find help and support in dealing with their problems.

By using the **Plan of Action** worksheet, participants will select a goal and state specific steps for achieving it.

III. Outline

Review: Why Are We Here? (5 minutes)
Instruction: Goals (25 minutes)
Dialogue: Dependency Log (25 minutes)
Instruction: Helping Networks (30 minutes)
Summary: Review of Content and Process (5 minutes)
Assignment: Questions for Supervisors

IV. Worksheets

Worksheet DP VIII-1	**Plan of Action**
Worksheet DP VIII-2	**General Self-Contract**
Worksheet DP VIII-3	**Local Helping Resources**

V. References

1. Ardell, D. B. **High Level Wellness.** New York: Bantam Books, 1979.

2. Blizard, R. A. and Teague, R. W. (1981). "Alternatives to Drug Use: An Alternative Approach to Drug

Education." **The International Journal of the Addictions** 16(2): 371-375.

3. Boud, D. (Ed.). **Developing Student Autonomy in Learning.** London, England: Kogan Page, 1981.
4. Dubos, R. **Celebrations of Life.** New York: McGraw-Hill, 1982.
5. Dubos, R. (1975). "The Despairing Optimist." **The American Scholar** (Summer): 350-353.
6. Farquhar, J. W. **The American Way of Life Need Not Be Hazardous to Your Health.** New York: W.W. Norton & Co., 1978.
7. Toffler, A. **The Third Wave.** New York: Bantam Books, 1981.
8. Weil, A. **The Marriage of the Sun and the Moon.** Boston: Houghton Mifflin Co., 1980.
9. Weil, A. **The Natural Mind.** Boston: Houghton Mifflin Co., 1972.

DRUG PRACTICES VIII: GOAL SETTING FOR CHANGE

Review: Why Are We Here?
(5 minutes)

Before beginning this module, the facilitator can briefly review the content and process from the previous module. The facilitator should ask supervisors to respond to the **Questions for Supervisors** assignment and identify the application of skills learned in the previous module. This will provide continuity as the class progresses.

Instruction: Goals
(25 minutes)

The purpose of this section is to provide information about how to set realistic and achievable goals. The facilitator should ask participants to discuss how they usually go about setting a goal. During the discussion, the facilitator should write student responses on the board. A useful, easily remembered model follows.

A goal should be:

1. **Conceivable:** A person must be able to conceptualize the goal so that it is understandable and be able to identify clearly what the first step or two will be.

2. **Believable:** The goal must be consistent with the individual's personal value system and be one the person believes he or she can reach. Few people can believe in a goal that they have never seen achieved by someone else. Being around others who have achieved the target goal helps the newcomer.

3. **Achievable:** The goal a person sets should be one that can be accomplished with the person's actual strengths and abilities. For example, if a person is a rather heavy 45 year old, it might be unwise for him or her to set a goal of running a four minute mile in the next six months.

4. **Controllable:** If the person's goal includes someone else, the person must first obtain permission of the other who will be involved. For example, if a goal is to take a particular date to the movies Saturday night, the goal would not be acceptable as stated because it involves the possibility that the person may turn the invitation down. The goal could be

stated that one is going to invite that person to a movie at some mutually convenient time.

5. **Measurable:** A goal should be stated so that it is measurable in time and quantity. For example, if the goal is to write a long letter to one's parents this week, it can be stated as: "I am going to write a six page letter by Monday." That way, the goal can be measured, and when Monday comes, it is easy to tell whether or not the goal has been achieved.

6. **Desirable:** A goal should be something the person wants to do, rather than something that ought to be done.

7. **Specific:** For example, a specific goal would be, "At the end of two months, I will have saved $100." A nonspecific goal would be, "At the end of two months, I will have saved some money. By remaining vague one is defeating the purpose of wanting to save $100. This does not mean that a person has to be inflexible. He or she may decide this goal is inappropriate, unnecessary, or the result of a bad decision. If a person decides to change a goal, the new goal should be stated as specifically as possible.

8. **Growth Facilitating:** A person's goal should be one which enhances his or her development, and is not harmful to others.

Dialogue: Dependency Log
(25 minutes)

As a preview to establishing future goals, the facilitator should ask the students to refer back to Worksheet DP V-2, **Dependency Log.** The facilitator should engage the students in a discussion by having them take another look at the experience of discontinuing a substance or tracking its continued use. The questions below can aid in the discussion:

1. What did you learn about the role a particular substance plays in your life?
2. What are your feelings about what you have discovered regarding the role this substance plays in your life?
3. What was it like to give up the substance?
4. Are there any additional goals you wish to establish regarding the use of this substance?

At the end of the discussion, the facilitator should introduce Worksheet DP VIII-1, **Plan of Action** and ask the students to complete this worksheet with their stated goal. The facilitator should also point out that another tool, the **General Self-Contract**, found at the end of the workbook, is available for students' use after they leave the class. If the facilitator finds that there is not enough time to use these worksheets in class, they can be used by the students on their own time after the class is completed.

Instruction: Helping Networks

(30 minutes)

In setting goals, making decisions, and especially in making major changes in one's lifestyle, personal support and others' help may be needed. Frequently, a person overlooks the most obvious sources of help: friends, relatives, and co-workers. Sources of help, such as friends and family, are known as social support systems or resources. "Social support" is the term that describes positive interaction among people. These exchanges may involve passing along information, providing emotional support, or offering material help. Social support is the evidence that someone cares.

Social support networks have been getting a lot of attention recently because of new evidence that shows their profound impact on well being. The positive influence friends and family have had with resolving worries, anxieties, and depressions is well known. Recent research consistently demonstrates the strong correlation between the quality of a person's relationships and his or her total well being.

The facilitator can ask participants the following questions:

1. If you want to make a change in your drug or alcohol use, to whom would you first go for help?
2. What do you think that person's response would be?
3. How could that person help you?
4. Would this be as much help as you would need?

The facilitator should ask for the students reports on local helping resources:

1. Ask students to report on a newspaper or magazine article which examines an issue that the student is dealing with personally in the class. Allow time for this information to be processed.

2. Ask students to provide the names, addresses, and telephone numbers of local resources which are relevant to the issue the student is working on in the class, and of local resources students may consider helpful to other members of the class.

As the students provide the names, addresses, and telephone numbers of local helping resources, the facilitator should write them down on the chalkboard or on newsprint. The facilitator should let the students know that they can add these resources to Worksheet DP VIII-3, **Local Helping Resources.**

At this point, the facilitator should distribute the Worksheet DP VIII-3, **Local Helping Resources,** provided by the site coordinator, and point out which ones might be helpful for the kinds of issues with which class members have been dealing. As well as to people he or she already knows, one can turn to self-help groups like Alcoholics Anonymous, Narcotics Anonymous, or Overeaters Anonymous. These are people who come together on a regular basis simply to assist each other by listening, and they also may be helpful to persons seeking self-change. The only requirement to join these respective groups is a desire to stop drinking, using drugs, or eating compulsively. Furthermore, a person does not have to join the groups to attend most meetings, as most of them are open to anyone who wishes to sit in and see what they are like.

There are also professional helpers, if preferred. The Navy provides people trained to help others. They are usually to be found through the command in the Counseling and Assistance Center (CAAC) offices and Family Service Centers.

In addition to listing resources for obtaining support in solving problems, students are also encouraged to explore local resources for maintaining wellness. These may be athletic clubs, recreational organizations, or community organizations.

Summary: Review of Content and Process

(5 minutes)

The facilitator should discuss with class members the various helping networks available to them both in their commands and their communities.

Assignment

The facilitator should ask supervisors (E-3 and above) what elements of the module seem applicable to their role in the Navy. The facilitator should also ask supervisors to consider the skills or information learned in this module and apply them to the supervisors' duties. Each supervisor is to refer to the **Questions for Supervisors** worksheet, and answer the four items on a separate sheet of paper after today's class.

CLOSING MODULE: REVIEW AND LOOKING AHEAD

I. Summary of the Module

The closing module helps participants summarize and integrate their experiences during the course. The exercises in this module give participants a chance to ask any remaining questions they may have, share feelings about their experiences with each other, and complete a course evaluation.

II. Goal and Objectives

Goal: Participants will review the experiences they had during the course and discuss how they can put them to use in their lives.

Objectives:

Participants will give each other constructive feedback based on their experiences during the course.

Participants will ask questions they still have about drugs and alcohol or how to make changes in their lives.

Participants will verbally share their reactions to the experience of being in the course.

III. Outline

Dialogue: Summing Up (20 minutes)
Dialogue: Evaluation (20 minutes)
Presentation: Certificates (30 minutes)
Closing Exercise: Closure (20 minutes)

CLOSING MODULE: REVIEW AND LOOKING AHEAD

Participants probably will not fully absorb and integrate what they have learned about themselves until the course is over and they have a chance to put into effect any new decisions they have made. The closing module should serve to summarize the course, however, and to give the participants a chance to share feelings about their experiences in the course and with each other. It should also reinforce the core concepts which have been developed throughout the course so that participants are more likely to apply their learning afterward.

Dialogue: Summing Up

(20 minutes)

The facilitator can briefly comment on his or her experiences during the course. This summary is not intended to review content but rather is meant to focus on interactions among class members. The facilitator would not need to say, "On Monday we learned communication skills, on Tuesday we learned about our values..." Instead, the facilitator could say something like, "When we first met on Monday, I was nervous and I noticed that some of you had trouble speaking in front of the group... By Thursday, I felt much closer to this group; people seemed able to give each other direct, honest feedback..."

After making a few comments, the facilitator should then open the topic to class discussion, using the following questions as a guideline:

1. How has the group changed for you from our first meeting to the present time?
2. How have your feelings about being in the group changed?
3. What have you noticed about yourself as a result of being in this group?
4. What unanswered questions do you have?

Dialogue: Evaluation

(20 minutes)

The facilitator should ask participants to share their evaluative reactions to the course. The facilitator can also mention that students will be given an evaluation sheet to fill out, so that they will have a chance to give feedback in both oral and written forms. The following questions may help to stimulate discussion:

1. How was the course beneficial for you?

2. What did the facilitator do that enabled participants to enhance their own learning?
3. What general comments do you have about the course?
4. What feedback do you have for me (the facilitator)?

When the discussion seems to have come to a natural conclusion (or sooner, if time requires), the facilitator should hand out the evaluation sheets. Participants can remain anonymous in filling them out, if they wish. As people finish the forms, they can take a break until the other members are finished.

Certificates
(30 minutes)

The facilitator can invite a ranking member of the local command to distribute the certificates to the students during this portion of the class.

Closing Exercise: Closure
(20 minutes)

During the course, participants have probably formed close relationships with some classmates. Since some of them may never see each other again, they might appreciate a chance to say anything to one another which they still feel a need to say. The facilitator should tell participants that this is their time to give one another feedback and to share their feelings. They can structure this period in whatever way they would like, but they should remember the elements of constructive feedback that they learned earlier (for example, being specific, asking for clarification, acknowledging feedback, and so forth).

> **Note:** The facilitator should be prepared to stay around for ten to fifteen minutes after class ends so that participants may speak with him or her privately, ask last minute questions, and hand in evaluation sheets.

Appendix I

ENERGIZERS*

Flexibility Exercises

The Bracer

1. Stand up straight with your hands at your sides.
2. Inhale and hold a complete natural breath.
3. Raise your arms out in front of you, using just enough energy to keep them up and relaxed.
4. Gradually bring your hands to your shoulders. As you do, slowly contract your hands into fists so that when they reach your shoulders they are clenched as tight as you can make them.
5. Keep the fists tense as you push your arms out straight again very slowly.
6. Pull your arms back to your shoulders and straighten them out, fists tense, as fast as you can, several times.
7. Relax your hands to your sides and exhale forcefully through your mouth.
8. Practice a few deep breaths as described in #2 above.
9. Repeat this exercise several times until you feel its stimulating effects.

The Windmill

1. Stand up straight with your arms out in front of you.
2. Inhale and hold a complete natural breath.
3. Swing your arms backward in a circle several times and then reverse directions. For variety, try rotating them alternately like a windmill.
4. Exhale forcefully through your mouth.
5. Take a couple of deep, natural breaths.
6. Repeat this exercise as ofen as you like.

Side Neck Bend

1. Stand erect with your feet slightly apart.
2. Tilt your head to one side, trying to touch your ear to your shoulder.
3. Repeat on the other side.
4. Repeat on each side 5 times.

Neck Roll

1. Stand straight, head to one side.
2. Slowly roll head down on chest and up to other side.

3. Stretch head back and look at the floor over your shoulder.
4. Repeat to other side.
5. Repeat entire exercise 4 times.

Shoulder Rolling

1. Stand relaxed.
2. Relax one shoulder by slowly pulling it backward and then relaxing it.
3. Alternate with other shoulder.
4. Make sure arms and hands are relaxed throughout. After 8 rolls, repeat in reverse direction.
5. Repeat entire exercise 4 times.

Shoulder Stretches

Version A

1. Clasp your right wrist with your left hand above your head.
2. Pull your right arm until your elbow is behind your head. Pull it easily, stopping if you feel pain.
3. Alternate with the other arm.

Version B

1. With your arm bent, gently pull your elbow across your chest toward your opposite shoulder.
2. Hold for 10 seconds.
3. Repeat on the other side.

Version C

1. Interlace your fingers.
2. Straighten your arms out in front of you with your palms facing out.
3. Hold for 20 seconds.
4. Repeat.

Fingertip Touch

1. Place right hand behind neck.
2. Bend left arm behind back and touch fingertips.
3. Alternate with left hand behind neck.

Arm Stretch

1. Extend arms over your head.
2. Cross one hand over the other at your wrists, palms of hands touching.

3. Stretch arms upward and slightly backwards.
4. Breathe as you stretch upward, holding the stretch for 5 to 8 seconds.

Back Stretch

1. Bend knees slightly, clasping hands behind back.
2. Slowly pull shoulders and head back and arch upper back, keeping elbows straight.
3. Hold.
4. Relax head and back, drooping shoulders forward.
5. Repeat 6 to 8 times.

Reaching High

1. Sit straight in a chair with your abdomen pulled in and your legs and feet together.
2. Raise both of your arms over your head.
3. Reach your right hand toward the ceiling, stretching it as high as you can.
4. Repeat with your left arm.
5. Relax.
6. Repeat several times.

Side Stretch

1. While standing with arms at your side, slowly stretch down each side.
2. Alternate from side to side.
3. Repeat 5 times each side.

Step Ups

1. Step up and down on a bench, stair, or other stationary object with your right foot.
2. Repeat 10 times.
3. Repeat 10 times with your left foot.

Toe Touch

1. Stand erect with your feet slightly apart.
2. Raise your hands over your head.
3. Bend at your waist until your hands reach (or nearly reach) the floor. (If you cannot reach your toes, do not force the stretch in order to do so.)
4. Return to an erect position, arms at your sides.
5. Repeat for 10 counts.

Alternate Toe Touch

1. Stand with your feet two shoulder-widths apart and arms extended straight out from sides, parallel to the floor.
2. Bend forward at your trunk so that your left hand touches your right foot. (If you can't touch your toe, don't force the stretch so that you can.)
3. Return to the starting position.
4. Bend forward so that your right hand touches your left foot.
5. Return to the starting position.
6. Repeat on both sides 10 times.

Standing Twist

1. Stand erect with your feet shoulder-width apart.
2. With arms bent at the elbow and held slightly away from your sides, twist to the left.
3. As you twist, extend your right arm to the left.
4. Return to the starting position.
5. As you twist to the right, extend your left arm in that direction.
6. Return to the starting position.
7. Repeat 10 times.

Side Stretches

1. Sit straight in a chair with your abdomen pulled in and your legs and feet together.
2. Raise one arm over your head with the palm facing your body.
3. Bounce your body to the other side 6 times while curving your arms over your head.
4. Repeat with your other arm.
5. Repeat entire exercise while standing up.

Forward Stretch

1. Sit erect with your feet apart.
2. Raise your arms overhead, with your fingers interlocked and palms facing toward the ceiling.
3. Bend over and touch your hands to the toes of your right foot.
4. Come all the way back up.
5. Touch your hands to your left foot.
6. Repeat 5 times each side.

Rag Doll

1. This is a general loosening of all joints which is done while standing.

2. Shake out your arms and legs, using a series of small kicks and fluttering motions of your arms.
3. Keep your knees loose (slightly bent) throughout.

Strength and Endurance Exercises

Arm Strengtheners

Version A

1. While sitting in a chair with arms, grasp the arms and lift yourself up off the chair seat.
2. Sit back down and relax.
3. Repeat several times.

Version B

1. While sitting in an armchair, push your arms down against the chair arms as hard as you can to the count of 10.
2. Repeat 10 times.

Arm Pull

1. Stand erect with you feet shoulder-width apart.
2. Directly in front of your body, grasp the fingers of one hand with the fingers of the other hand.
3. Your elbows should be bent so that your forearms are parallel to the floor.
4. Try to pull your hands apart for 8 seconds, then relax.
5. Repeat 5 times.

Arm Circles

1. Stand erect with your feet shoulder-width apart.
2. Raise both your arms to shoulder height.
3. Swing your arms forward in wide circles (about 2 feet in diameter).
4. Repeat 10 times.
5. Swing arms backward 10 times.

Sitting Arm Press

1. Sit on a chair or stool and keep your back straight.
2. Make fists with both of your hands.
3. Bend your arms at the elbows, raising your fists to your shoulders, palms forward.
4. Push your right fist over your head until it is fully extended, keeping your palm facing forward.
5. Lower your right fist to the starting position.

6. Repeat using your left arm.
7. Repeat 10 times each side.

Wall Push-Up

1. Stand with your legs shoulder-width apart about 2 feet away from a wall (facing it).
2. Keeping your back straight and in line with your buttocks, push forward on your arms, bending them at the elbows, until your nose touches (or nearly touches) the wall.
3. Then push back to a standing position, until your arms are fully extended.
4. Repeat 5 to 10 times.

Stomach and Back Strengthener

1. Sit forward in a chair with your legs slightly apart and your feet flat on the floor.
2. Clasp your hands behind your head at your neck.
3. Bend forward on a diagonal and try to touch your right elbow to your left knee in a gentle bouncing motion.
4. Relax.
5. Repeat with your left elbow to your right knee.
6. Repeat entire exercise 5 times; work up to 10.

Buttocks Tightener

1. Sit comfortably in a chair with both feet flat on the floor.
2. Tighten your buttocks muscles as hard as you can, one at a time.
3. Hold for 5 counts.
4. Relax.
5. Tighten buttocks muscles as hard as you can, together.
6. Hold for 5 counts.
7. Relax.
8. Repeat 5 times.

Tummy Tightener

1. Sit comfortably in a chair with both feet flat on the floor.
2. Tighten your abdominal muscles, pulling your stomach toward your spine.
3. Hold for 5 counts.
4. Relax.
5. Repeat 5 times.

Knee Raise

1. Lift one knee up and across your front, slapping it with your hands.
2. Repeat with the other leg.
3. Keeping a gentle rhythm going, do 4 knee lifts with one leg and then 4 with the other.

Toe Stand

1. Stand erect with your feet shoulder-width apart.
2. Raise up on your toes.
3. Hold for 8 seconds.
4. Return to your normal stance.
5. Repeat 5 times.

* Adapted from: Davis, M., Eshelman, E. R. and McKay, M. **The Relaxation and Stress Reduction Workbook** (2nd ed.). Oakland, CA: New Harbinger, 1982.

Appendix II.

GLOSSARY

Abstinence

Abstinence is a voluntary decision to hold back from doing something that a person might otherwise do.

Abstaining from drinking alcohol means making a conscious decision not to drink alcoholic beverages. The reasons for abstinence can include:

1. religious reasons (Some religious denominations prohibit drinking alcohol.);
2. health reasons (Alcohol is a toxic substance, and some people decide to abstain for their health.);
3. pregnancy (A pregnant woman may abstain to prevent damage to her unborn baby.); and
4. historical reasons (A person who has had a difficult history with alcohol can decide to make a commitment never to drink alcohol again.).

Although it may be difficult in this society, a person has the right not to drink and to be free from harrassment because of that decision.

Active Listening

Active listening (demonstrating empathy) describes an open process in communication which calls for:

1. paying attention with one's body (putting down one's work, leaning toward the person, and making eye contact);
2. paying attention with one's words (repeating parts of what the person has said, asking questions to clarify); and
3. showing understanding of words and feelings.

Addiction

Addiction comes from the Latin root, **addictus**, meaning "given over, one awarded to another as a slave." Addiction, in current usage, means the process through which one comes to depend physically, psychologically, or socially upon a very limited set of options to handle his or her life. A person may depend upon alcohol to the point that it interferes with personal, family, social, or occupational functioning. Alcohol then has become the major coping strategy, to the exclusion of everything else. It is possible to be addicted to almost anything; if a substance or experience meets the conditions of reducing other options and interfering with personal, family, social, or occupational functioning, the term addiction may apply.

Adult Children of Alcoholics

Adults who have one or more parents or guardians who are alcoholic are known as adult children of alcoholics. There is recognition that adult children of alcoholics seem to demonstrate some characteristics in common, including an inordinate need for control, an overdeveloped sense of responsibility, a lack of trust, denial of feelings, and a sense of inadequacy.

Aggressive Behavior

Aggressive behavior is acting in a manner which allows a person to try to get what he or she wants, no matter what the cost to anyone else. A person who uses aggressive behavior may feel angry or frustrated. Aggressive behavior includes threatening, accusing, fighting, and attacking behavior. This behavior can produce problems because other people tend to dislike or avoid those who act aggressively.

Alcohol

The word alcohol comes from Arabic roots, **al kohl**, meaning "the fine powder of antimony." As Europeans used the word, the meaning changed from "any finely divided substance" to "the essence of a thing," to "the essence of any beverage containing alcohol." Alcohol now refers to any beverage which is made by fermentation. Fermentation refers to the process whereby certain yeasts act on sugar in the presence of water. The yeasts recombine the carbon, hydrogen, and oxygen of sugar and water into what is known as drinking alcohol, ethanol or ethyl alcohol, and carbon dioxide. Ethyl alcohol is sometimes written as ETOH in medical charts and scientific papers.

Alcoholic beverages in the United States and most other countries are legal drugs for people over a certain age, which is established by each country. The World Health Organization has labeled ethyl alcohol as a drug intermediate in kind and degree between habit forming and addictive drugs.

Alcohol Abuse

Alcohol abuse is any use of alcoholic beverages that results in one or more problems for a person, a person's family, the social environment, and/or the work environment. One does not have to be an alcoholic or have the illness called alcoholism to abuse alcohol. He or she can just drink too much. Alcohol abuse is by far the largest drug problem in our nation today. Alcohol related incidents, such as automobile accidents, are the third leading cause of death.

Alcohol Dependent

Alcohol dependent usually refers to a person's physiological requirement for alcohol. This means that the body has adjusted to the continued presence of alcohol and that it reacts to the removal of alcohol by getting tense or jittery. Some symptoms of alcohol dependence include:

1. withdrawal symptoms when alcohol consumption is decreased dramatically or interrupted;
   Withdrawal can include:
   a. tremors (trembling);
   b. hallucinations (seeing or hearing things that are not there);
   c. seizures; and
   d. delirium tremens (DTs).
2. increased tolerance for alcohol, such as being able to drink a fifth of hard liquor with no apparent signs of drunkenness; and
3. occurrence of blackouts. A person is awake but later has no memory of what happened during that time period.

Alcohol Use

Alcohol use is the drinking of alcoholic beverages by any individual. Alcohol use also implies responsible use, that is, the use of alcohol that does not cause damage to oneself or to society.

Alcoholic

There are about as many definitions of an alcoholic as there are people who have alcoholism. A common factor among them is the fact that the individual holds alcohol as the most important priority in Life. One working definition is someone who uses alcohol to such a degree and in such a way that it interferes with his or her personal, family, social, and/or work behavior. This definition covers the consequences of alcohol use for the person and for society.

The term alcoholic can also have a personal definition. One can define oneself as an alcoholic at any point in his or her drinking history.

Alcoholism

Alcoholism is currently regarded as a medical diagnosis for "an illness which is characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological , or social dysfunction." (American Medical Association. **Manual on Alcoholism.** Monroe, Wisconsin: AMA, 1977, p.4). The important point is not the definition itself, but rather that those persons who are experiencing difficulties related to their drinking look honestly at themselves and their drinking habits.

There is much controversy in the field of alcohol treatment and research about the definition of alcoholism. The important things for a person to do are:

1. examine his or her own personal definition of alcoholism (Where did it come from? Why do I believe it? Am I open to other definitions?);
2. be aware that the definition of alcoholism changes from setting to setting (The definition that works in a medical hospital may not work in a research laboratory.);

3. be aware that the definition of alcoholism has undergone and may still undergo many changes as more information becomes available; and
4. allow others the freedom to create a definition that will be most useful to them, even if it is different from the AMA definition or one's own definition.

Assertive Behavior

Assertive behavior is acting in a manner which allows a person to obtain what he or she wants, but does not violate the rights of others. An assertive person often gives people feedback about how their behavior is affecting him or her ("When you cut in line in front of me, I got very angry."). Assertive behavior can also mean planning a course of action and sticking to it ("I am wondering if there's a way for both of us to succeed here?"). Assertive behavior is a skill which a person can use, but the skill will not always produce what the person wants.

Attitude

Attitude refers to a person's point of view toward self, other, and/or the environment.

Behavior

A behavior is anything that a person can actually see someone do. Behavior is sometimes referred to as observable behavior just to emphasize the fact that if the behavior cannot be seen, a person cannot be sure what is happening.

Example: If a person saw someone holding a book opened to a particular page, and looking at that particular page, one could describe that behavior. "The person was holding a book opened to a particular page, and was looking at that particular page." Is the person reading and understanding? One could guess that the person was probably reading, but could have been daydreaming, staring blankly, or anything else.

Belief

A belief, in its broadest sense, implies that a person accepts something as true whether it is based on reasoning, prejudice, emotion, or authority. A belief usually consists of an object and some characteristic or attribute of the object, such as "All drug users started by smoking pot." A belief usually sounds like a fact or a piece of information.

The important issue is that a belief is something that a person thinks is true. A person will only examine and possibly change beliefs in an encouraging environment that feels safe.

Biofeedback

Biofeedback is the process through which a person learns to use some mechanical means (such as a scale) to obtain information about his or her body (weight in pounds), so that he or she can decide what to do (lose weight, gain weight, or remain the same weight). Biofeedback devices are frequently used in learning to manage stress because a person may have lived with a fairly high stress level for so long that he or she is no longer aware of how much stress is in his or her body. Biofeedback tools help one to become aware of stress by identifying stress, translating it into something one can understand (colors, numbers, or sound), and providing feedback about one's successes when trying to change the stress level.

Blood Alcohol Concentration (BAC)

BAC is the percent weight of alcohol in the blood based on the grams of alcohol per 100 milliliters of blood. Ten percent equals one drop of alcohol per 1,000 drops of blood. This equals a BAC of 0.10, the level at which a person is legally presumed drunk in most states.

BAC can be affected by the amount of alcohol consumed, by food that is consumed, by a person's weight, and by the time between drinks.

Body Image

Body image is the mental picture people have of the size, shape, weight, and character of their bodies. When body image does not match body ideal, people sometimes adopt weight management strategies to bring image and ideal into closer alignment.

Anorexia is a weight management strategy designed to produce weight loss by fasting or starving. People who use this weight management strategy believe themselves to be too heavy, no matter what their actual weight, and attempt to bring their body image into alignment with their body ideal by not eating. Over a period of time, this strategy can produce radical weight loss. Nonetheless, body image remains heavier than body ideal.

Bulimia is a weight management strategy designed to produce weight loss by purging or vomiting after periods of eating or binging. People who use this weight management strategy believe themselves to be too heavy and attempt to bring their body image into alignment with their body ideal by a combination of techniques, including fasting, eating irregularly, binging, and vomiting. This strategy rarely produces consistent weight loss, and body image remains heavier than body ideal.

Brainstorming

Brainstorming is a group problem solving technique which usually involves four main rules:

1. No evaluation of any kind is permitted.
2. Everyone is encouraged to think of ideas without prejudging or censoring.
3. Group members are encouraged to come up with as many ideas as possible (quantity leads to quality).
4. Group members are encouraged to build upon, modify, or recombine the ideas of other group members.

Centering

Centering is a technique used to help someone pay attention to what is happening at the present moment. Too often a person comes into a new situation still thinking about what happened just before.

Centering usually involves some form of relaxation for a short period of time where one can listen to what is going on in one's mind and body. Participants can relax their muscles and examine their thoughts and feelings to determine whether to set them aside or to discuss them with the group.

Co-alcoholic

Co-alcoholic is a term applied to a person who may be regarded as having an instrumental relationship with an alcoholic.

Congruence

Congruence is the matching of experience, awareness, communication, and behavior.

Consequence

The occurrence of one event or group of events which consistently follows identifiable precipitating events. A consequence can be positive, neutral, or negative. Sometimes the same consequence can be differently perceived by different people. For example, one immediate consequence of smoking marijuana is the induction of a dreamy-like state that might be viewed as a positive approach to passing time by one person or as a serious threat to productive behavior by another person.

Control of Communication

The principle of control of communication concerns the individual's style of interaction with others. Some elements include the loudness of the voice, the actual words chosen to convey the meaning, along with some other more subtle behavior often called **indirect feedback.**

Control has two requirements: that one actually mean all elements of the messages sent; and that one increase the ratio of direct to indirect feedback.

Indirect feedback is often the vehicle for negative messages insofar as there is a cultural taboo against criticizing someone's behavior to his or her face. There is, in addition, a similar taboo which prohibits one from criticizing another outside of his or her presence. Proverbs such as "if you can't say something nice about a person, don't say anything at all" are indicators of the proscription against negative messages.

The problem here is that people who have been raised to not share negative information as easily as they share positive or neutral information usually wait until they are angry to put negative messages into direct feedback form. By this time, their level of emotion is usually overreactive to the initial situation.

Decision Making

Decision comes from Latin roots meaning to "cut off." Decision making means to cut off all the arguments, for and against, and to make up one's mind. It sounds fairly straightforward, but decision making actually involves several steps that are not necessarily ordered, and not every decision requires each step. The basic steps involved in decision making are:

1. defining the problem;
2. generating alternatives;
3. exploring consequences;
4. exploring feelings;
5. choosing;
6. putting the choice into action;
7. evaluating the results; and
8. maintaining change.

Denial

Denial is a restructuring of perceived internal or external conditions in order to change thoughts, experiences, or actions. Frequently, the motive is to reduce the impact of--or avoid--expected consequences.

Depressant

Depressants are drugs that decrease the excitability of the nervous system and its sensitivity to outside stimulation. Low doses of depressants can induce relaxation and loss of inhibition while higher doses induce lethargy or loss of consciousness. Extremely high doses cause greater depression of the nervous system and anesthesia. In a study where dogs were given barbiturates, a depressant, in varying doses, the dogs showed sedative, hypnotic, or anesthetic effects as the dosage was increased.

The depressants are classified into several categories of drugs such as sedative-hypnotics, barbiturates and other sleeping pills, tranquilizers, narcotics, and general anesthetics. Alcohol is the most well known and frequently used sedative-hypnotic. Valium (diazepam) is one of the most frequently prescribed tranquilizers. All drugs that are depressants induce similar effects on the nervous system.

Drug

A drug is considered to be an active chemical that, once taken into the body, will have some effect on body systems other than the changes that occur from the ingestion of nutrients or water.

Economy of Expression

This principle of communication states that the individual should say no more nor less than needs to be said to convey one's meaning. Talking around a point, not getting to the point, or in any way preventing the hearer from understanding the meaning are all ways which people violate this principle.

Enabler

An enabler is a person who renders another able, or who assists another to achieve positive and negative goals.

Facilitator

A facilitator is a person within the class responsible for:

1. creating a nonjudgmental environment wherein members believe and feel that they may share their thoughts and feelings;
2. helping each member share thoughts and feelings in such a way that the whole class can empathize with the experience;
3. introducing new skill possibilities and information while providing members with the opportunity to test out new skills and new ideas, and receive encouragement in the form of feedback; and
4. participating in the experience as a class member.

Feedback

Feedback is any information that a person has received which lets him or her know how he or she is being perceived by others. Feedback can be neutral, negative, or positive.

Feedback is most helpful when it:

1. describes a specific behavior;
2. focuses on something that can be changed (A person's height cannot be changed, but blowing smoke in someone's face can be.);
3. occurs as soon as possible after the behavior (Finding out two years later that one did a good job may not be useful feedback.); and
4. deals with one situation at a time.

If a person gets stuck when giving feedback, he or she can try this formula:

"When you did/said (describe a specific behavior), I felt/thought (describe as best you can how you felt and/or what you thought)."

Feeling

A feeling is an awareness of an emotion. Often a person experiences a feeling even before finding words to describe it. That is the nature of feelings. As one becomes more self-aware, able to identify feelings when they are happening, one learns to describe feelings better. Words often seem vague and imprecise ways of describing what one feels. With practice, however, it becomes easier to be aware of feelings and to describe them to others.

High Fat/High Sugar

High fat/high sugar is a descriptor for a type of diet that includes foods which have a high fat content and foods which have a high sugar content. Although the two food groups are distinctly different, the presence of either excess fat or excess sugar is the same in that an excess of either is stored within the body without being metabolized as beneficial nutrients.

High fat refers to foods which contain animal fats that are not readily metabolized as beneficial nutrients. Cream, butter, whole milk, deep fat fried food, and potato chips are examples of foods with high fat content. These fats are deposited in tissues throughout the body, and their presence is not beneficial for the living system.

Low fat refers to foods which contain vegetable fats that are readily metabolized as energy. Vegetable or plant fats are essential for normal growth and maintenance of the living system.

High sugar refers to foods which contain only sugar without additional nutrients. Candy and soda pop are examples of foods which provide only sugar and are devoid of nutrients.

A low sugar diet is one that includes complex carbohydrates that supply energy as well as bulk, amino acids, and other nutrients. Complex carbohydrates are metabolized to glucose that provides energy. These foods include whole grains and vegetables.

Homeostasis

Homeostasis is the point of equilibrium which is achieved, maintained, and continuously restored.

"I" Statements

Too often a person speaks for other people when he or she wants to say something for himself or herself: "They say caffeine is not good for you," instead of "I don't think caffeine is good for me." "I" statements literally mean starting a sentence with "I" and then finishing it with how one feels or with what one believes. It means taking ownership of one's thoughts and feelings and making the ownership public.

Inference

An inference is a conclusion that a person draws from observable behavior.

Example: A person comes to work ten minutes late, with wrinkled and stained clothes, alcohol on his or her breath, and has red eyes. The behavior is not debatable. This person is late for work. The supervisor makes the inference (interpretation) on the basis of appearance that this person is drunk. Can the supervisor be sure? No. It is possible that something else is going on, although not very likely.

Integration

Integration is the process of one part combining with another part to form a whole. The way in which the union occurs affects the outcome. This concept applies to the combination of various factors such as foods, aerobic activity, toxic chemicals, drugs, and many other elements.

There are several ways in which this union can take place: summation, synergism, agonism, and antagonism.

Summation (1+1=2) is an action in which the outcome is a result of the simple addition of contributing parts. For example, when aspirin and vitamin C are consumed, the blood plasma levels of both are raised in relation to the amounts consumed. Similarly, consumption of aspirin and Tylenol results in an additive accumulation of the chemicals contained in each.

The effects of radiation occur as a summation. Radiation results from two categories of sources: High energy and radiation caused by humans. High energy radiation can be traced to the cosmic explosion that created our galaxy. The uranium in rocks and cosmic rays from outer space including the sun are all continual sources. Technological radiation has resulted from the development of consumer products, medical equipment and procedures such as x-ray, and nuclear fuel and weaponry. Radiation from all these sources accumulates with an additive outcome.

Synergism (1+1=3) is an action in which the outcome of the combination of two or more parts is greater than the addition of the individual parts. For example, although tobacco smoke and asbestos cause lung damage, the combined effect of both of them is more injurious to the lungs than each one individually. Likewise, coffee and the decongestant, pseudoephedrine, cause restlessness separately, but the combined effect of both of them is a greater degree of restlessness than could be anticipated by simply adding the effects of caffeine to pseudoephedrine. Similarly, the effects of either marijuana or alcohol impair driving ability. When both are consumed together, driving is more impaired than by the mere sum of the effects of each.

Synergism is a process that applies to outcomes other than chemical ones. Consider the function of a rudder on a ship in that its attachment to the stern allows control over the ship's course. The benefits of combining the trimtab with the rudder outnumber the sum total of the individual pieces.

In another example, consider the complexity of group dynamics. Members of the group contribute to the group's processes by working for inclusion and for achievement of goals. The outcome is a dynamic process that exceeds the effects of merely summing the two types of contributions.

Agonism (1+1=1) is an action in which the contributing parts offer equal opposition resulting in nothing gained and nothing lost in the whole. For example, athletic contests are based on this principle. In another example, when the elbow joint adjusts to a load applied to the lower arm, the tension of the biceps increases and the tension of the triceps decreases, thus maintaining original muscle lengths.

Antagonism (1+1=0) is an action in which the force of one part completely cancels the force of another part. For example, the effects of combining nicotine and vitamin C will inhibit the absorption of vitamin C. Likewise, the consumption of alcohol inhibits the absorption of B complex vitamins. Finally, the active ingredient in antacid, aluminum hydroxide, inhibits the action of penicillin. The drug disulfiram (Antabuse*) inhibits the metabolism of alcohol in the body. The drugs Narcon* and naltrexone cancel the actions of opiates in the body.

Locus of Control

Locus of control is a concept that identifies the sources of pressures that people feel. People differ in terms of how much power they feel they have in their lives. At one extreme, some people have a high internal locus of control, meaning that they believe that they are totally responsible for themselves ("A man is in charge of his own destiny."). At the other extreme, a high external locus of control, some people feel that their lives are totally determined by factors outside of themselves ("A man is buffeted by the winds of fate."). Most people vacillate within an area between these two viewpoints depending upon their currently experienced well being.

What is important is that people differ in how they interpret their sense of self-control. A person's locus of control influences how that individual sees himself or herself in relationship to the world, as well as how much he or she feels able to function in that environment.

Marijuana

Evidence suggests that there are three species of marijuana plants: Cannabis Sativa, Cannabis Indica, and Cannabis Ruderalis. Cannabis Sativa grows wild throughout the United States and Canada and typically contains less than 1% of the material that is known to induce a high. It is commercially grown primarily because its fibers are used to make hemp rope. Cannabis Indica is the plant usually grown for its ability to make people feel high. The composition of this marijuana is 2 to 5% psychoactive material. Cannabis Ruderalis grows mainly in Russia and does not grow at all in the United States.

The primary psychoactive component of marijuana is Delta-9 tetrahydrocannabinol (THC). THC is found in the resin of the plant with the greatest concentration in the flowering parts, less in the leaves, and still less in the stems. Hash (or hashish) is a more concentrated form of marijuana because it is made from just the resins of the flowering parts of the marijuana plant.

Marijuana, as a drug, has had a long and colorful history. However, at the present time, possession, use, and sale of marijuana are illegal in every state in the United States. Although states vary in terms of the severity of the laws regulating use and possession of marijuana, the United States Navy has an offical policy of "zero tolerance" for all illegal drugs. Marijuana is an illegal drug.

Passive Behavior

Passive behavior is acting in a manner which allows other people to get what they want at the expense of oneself. A person who uses only passive behavior may feel helpless or out of control. Passive behavior includes waiting, receiving, and enduring without resistance what others impose. Sometimes, a person who acts passively becomes angry and then acts aggressively in an effort to regain control.

Passive Aggressive Behavior

Passive aggressive behavior is acting in a manner which allows a person to get what he or she wants by indirect, subtle means. A person who uses passive aggressive behavior may feel angry, but he or she also may feel helpless. Passive aggressive behavior is an indirect but intentional effort to control others and is difficult to interpret. Passive aggressive behavior includes:

1. sarcasm or unkind words often in the form of jokes,
2. procrastination and dawdling, and/or
3. purposeful inefficiency or forgetfulness.

All of these behaviors are indirect expressions of hostility, indirect ways of resisting authority, or indirect means of controlling others.

Passive aggressive behavior is more common than either passive behavior or aggressive behavior. It is usually very subtle and appears more socially acceptable than aggressive behavior.

Problem Solving

Problem solving involves finding ways to get what one wants and needs, or finding several ways to act effectively in situations. It is important to remember that a solution workable for one person may not work for someone else. All that anyone can do is to share his or her solution. It is up to the individual with the problem to actually choose the solution.

Rationalization

Rationalization is the process of justifying one's behavior (actions, attitudes, or beliefs) by offering only socially acceptable reasons for it, in order to avoid disclosing the authentic reasons.

Rebound

Rebound is the recovery of the human system following consumption of any substance that impacts on the nervous system. Rebound occurs in order to offset the effects of the substance and return the system to a normal operating state (homeostasis). Common rebound reactions are lethargy, headache, nausea, and various bodily aches. The "hangover" that occurs following consumption of alcohol or other depressants is the most familiar rebound effect. However, any substance that affects the central nervous system can produce a rebound reaction.

Role Playing

Role playing is a dramatic technique which will enable a person to experience a situation (or a person) from another perspective. It means that the person either acts as if he or she is another person or places himself or herself in a new or different situation, identifies the feelings, and determines the appropriateness of them.

Participants all have several roles everyday: father or mother (family), friend (social), sailor, C.P.O., Airedale (occupational), and so forth. Role playing is a good way to practice, in a safe setting, some new ways to relate to others. If someone is going to do a role play, he or she should:

1. think about the role for a few minutes before beginning;
2. give other people information that they need in order to act or to watch the role play;
3. pay attention to how he or she is feeling and to what the others say;
4. ask for feedback; and
5. spend some time moving out of the role back to "self."

Self-Awareness

Self-awareness is the result of a process through which a person examines himself or herself in an effort to be more aware of how he or she feels, thinks, and acts. It does not mean that a person must change just because of this increased awareness. It does mean that one has the information about thinking, feeling, or behaving which will allow for the decision to make any changes or to continue doing the same thing(s).

Self-Confidence

Self-confidence is a result of a process through which individuals develop a sense of control over themselves and, to some degree, over the environment.

Self-confidence is usually developed as a person:

1. learns skills to help get what he or she wants;
2. learns skills to cope with situations where his or her needs cannot be met;
3. puts those skills into practice; and
4. has some successful experience with those new skills.

Self-Contract

A self-contract is a formula or outline for identifying and clarifying personal goals, methods of action, resources, barriers, and time lines. This outline functions as a written promise to oneself to do or not do something. Putting the promise in writing increases the chances that the individual will remember to work on the goal.

Self-Disclosure

Self-disclosure is a process in which a person tells others about himself or herself. Self-disclosure involves several parts:

1. the appropriate amount of time (It would not be a good idea to disclose one's marriage problems during a ten minute coffee break.);
2. an appropriate place (It may not be best to disclose one's drinking problems while standing in the checkout line of the exchange.); and
3. the appropriate person (It may not be such a great idea to disclose sexual problems to the unit "big mouth.").

When self-disclosing, a person should focus on what he or she is thinking and/or feeling at the moment. Self-disclosures that deal only with the past seem easier, but these do not clarify the affects that are relevant to the person in the present.

Self-Efficacy

Self-efficacy is a measure of an individual's expectation of being able to perform effectively in a specific situation. The individual experiences a sense of well being which is often reflected in self-talk such as "I know I can handle it;" "I`ve been successful in this before, I'll be successful now;" "I have never been able to succeed in this before but I am ready now to tackle it, and I know I can do it."

Self-Esteem

A person with self-esteem respects himself or herself as a person who:

1. has a wide array of life skills from which to choose;
2. is willing to use these skills effectively; and
3. is willing to cope when things do not go as planned.

This does not mean that if a person has high self-esteem things never go wrong. It does mean that no matter what happens, the individual will use skills that are appropriate to get through the situation.

Self-Talk

Self-talk refers to the conversations that a person carries on mentally about self, about others, and about the environment. A person's self-talk can be consistent or inconsistent with what other people have actually said. Sometimes a person receives praise ("Good job!") and turns it into criticism. ("But he didn't notice where I really screwed up the job. If he saw that, then he wouldn't have said that I did such a good job. He would think I am as sloppy as the rest of the crew."). There can be a big difference between what was said and the individual's self-talk about it.

Setpoint

Setpoint is the value maintained by an automatic control system.

Significant Other

Significant Other is a term used to describe a person who occupies an important position in an individual's life.

Stimulant

Stimulants are drugs that cause an increase in the rate of activity throughout the nervous system and various organs of the body. They can induce feelings of alertness and energy as well as increases in heart beat and blood pressure. Stimulant drugs produce effects not unlike those which result from experiences such as carnival rides or prolonged physical exercise. In both types of cases, stimulating chemicals are released which arouse the nervous system and contribute to feelings of excitement. The effects of stimulant drugs often seem to be more powerful than exciting experiences because people believe that they are.

The most frequently used stimulants are nicotine and caffeine. Nicotine is the substance present in tobacco. Caffeine is present in most coffees, teas, cola drinks, and chocolates. Cocaine is a stimulant that is produced from South American coca leaves. Amphetamines are a class of synthetically produced stimulants.

Stimulus

A stimulus is any input that produces a temporary change in the activity of an organism or in any of its parts.

Stress

Stress is the adapted response by an individual to the sum total of continuing demands made whether internal or external. A person experiences stress as feeling tense or pressured for a long time.

Stress Management

Stress management is a process through which a person learns a variety of activities to deal with tension. It is important to learn several stress management skills, because some skills may work in certain situations while others may not work.

Example: Let us say someone uses jogging to handle stress. What happens if that person breaks a leg? The person could still come to work, even with a cast, but how would stress be handled now, especially if no other stress management skills are available? This particular person would probably 1) feel out of sorts and edgy most of the time, or 2) spend a lot of time complaining while getting depressed.

A similar difficulty occurs when a person begins to use alcohol or drugs as the sole stress management technique. That person comes to depend on the drugs or alcohol and finds that other interests and opportunities slip away. Because that individual eventually uses fewer skills, he or she needs more alcohol or drugs to get through the day.

Stressor

A stressor is tension which creates a demand that upsets the individual's equilibrium. In order to restore equilibrium, a person must draw on not readily available energy for action. For example, the operational schedule of 6 hours on and 6 hours off, requires the person to continually dip into energy reserves.

Stressors--External

External stressors are things, people, or situations outside of oneself to which one responds with tension. These stressors are highly personal. What is an external stressor to one individual may not be a stressor to someone else. External stressors can be as close as one's roommate or friend, or as distant as the threat of nuclear war, the state of the economy, or the price of rice. As a rule of thumb, the more important the external stressor is to a person, the more tension the person will experience.

External stressors tend to fall along a continuum from those over which a person has total control to those over which he or she has absolutely no control. Most external stressors fall somewhere in between.

Stressors--Internal

Internal stressors are tensions which a person creates within himself or herself, such as deadlines ("I will lose 10 pounds by next week."), expectations ("I must never be late for work."), self-doubt ("I am not sure that I know how to do the job."), fear of failure ("If I make any mistakes, it will be terrible."), and fear of success ("I'll never get promoted, I'm not good enough."). The list could go on and on.

Internal stressors are both good news and bad news. The good news is that because they are almost completely self-created, they are also almost completely under one's control. The bad news is that since they tend to be under one's control, the individual is the only one who can change them, and changing them is not always easy. Sometimes, it is easier to complain about something "out there" that needs to change, so one would feel better, than it is to look inside to see what could be done differently.

Substance

All substances have identifiable chemical composition. In this sense, substance is a very general term that includes all chemical elements and compounds. Water, or H2O, is a liquid substance produced by combining two parts of hydrogen with one part of oxygen.

All drugs are substances, but not all substances are drugs. The term, drug, is typically reserved for substances that in minute amounts are capable of producing significant changes in living systems. However, the specific cultures have come to identify a substance as a drug rather than as a food. For example, most Americans would probably identify the mescaline present in peyote as a drug, whereas the Native American Church identifies this substance as a vehicle for religious worship similar in function to communion for Christians.

Substances that the majority of Americans do not typically identify as drugs, but that do produce significant changes in living systems are present in many foods. Some examples are sugar, salt, and fats.

Substance Choice

A substance choice is the outcome of a decision making process regarding what will be consumed. One might choose beer instead of cola, or fresh fruit juice instead of water.

Tension

Tension is the bodily experience of increased muscular tonus, temperature, and/or other physiological signals resulting from external or internal environmental factors. In responding, the organism balances the strength of its reaction to the strength of the stimulus. Tension which is not relieved for a period of time becomes a stressor.

Trigger

Trigger refers to the internal or external cue or set of cues that precede and elicit the substance use or addictive behavior.

Value

A value is the guideline or blueprint for personal action which supports an attitude or attitudes.

STUDENT WORKBOOK

TOWARD PRIDE AND PROFESSIONALISM: INCREASING PERSONAL RESPONSIBILITY

Prepared Through Funds By
Navy Contract #N00244-84-D-1509
Barbara Reed Hartmann, Ph.D.
Principal Investigator

CONTENTS

Getting Acquainted.. 3

Developing a Self-Contract for Learning.......................... 5

Summary of Policy Documents in Drug and Alcohol Abuse............. 7

Summary: Self-Awareness Skills................................ 11

Thoughts, Feelings, and Self-Talk................................ 13

Observation to Inference... 15

The Assertiveness Questionnaire.................................. 16

Summary: Attitude and Values Clarification................... 19

Five Personal Values... 21

Personal Values.. 23

Values Conflicts... 24

Summary: Adaptability Skills.................................. 25

Stress Log... 27

Stressors.. 28

Locus of Control... 29

Self-Talk.. 31

Coping Self-Talk... 32

Thought Change... 33

Summary: Drug Practices....................................... 35

Dependency Log... 37

Survey... 39

Peers and Substance Use.. 41

Experience of Pressure... 42

Defining a Drink... 43

Alcohol Body Weight Interaction.................................. 44

Profile of a Party.. 45

Blood Alcohol Concentration...................................... 46

Sensing Effects... 47
Self-Contract to Drive without Drinking........................... 49
Self-Contract for Responsible Action in a Drinking Situation....... 51
Daily Activity Log.. ..
Warning Signals... 53
Debate.. 54
Media and Myths... 57
Stages of Dependency and Addiction............................. 61
Guidelines for Responsible Alcohol Consumption.................. 63
Facts About Responsible Drinking............................... 64
Self-Contract for Responsible Drinking......................... 65
Self-Contract for Responsible Abstaining....................... 67
12 Hours Before... 69
Observation... 70
Substance User Survey..................................... 71
Effects of Substance Use on Job Performance.................... 75
Consequences of Substance Choices.............................. 78
Plan of Action.. 79
General Self Contract..................................... 81
Summary: Decision Making............................... 83
Personal Fitness Inventory................................. 85
Specify the Problem....................................... 105
Alternatives.. 107
Consequences.. 109
Self-Contract for Changing................................. 111
Maintaining Change.. 113

SYLLABUS

I. **Personal Responsibility**
  A. The Class
    1. Establishing Learning Goals for Self
    2. Establishing Ground Rules for Class
  B. The Navy
    1. Navy Policy on Alcohol and Drugs
  C. Self and Other
    1. Self-Awareness
    2. Communication Skills
    3. Assertiveness

II. **Addiction**
  A. The Concept of Addiction
    1. Addiction and Values
    2. Addiction and Stress
    3. Tracking Personal Behavior

III. **Attitudes and Values**
  A. Determining Personal Values
    1. Values and Self-Awareness
    2. Values and Decisions
  B. Values Conflicts
    1. Conflicts Between Values and Behavior
    2. Values and the Use of Alcohol or Drugs

IV. **Stress**
  A. The Concept of Stress
    1. Responses to Stress
  B. Stress Awareness
    1. Personal Patterns of Response to Stress
    2. Use of Alcohol and Drugs to Manage Stress
  C. Strategies for Managing Stress

V. **Decision Making**
  A. Decision Making Model
    1. Problem Identification
    2. Examining Alternatives and Consequences
    3. Choosing Change and Maintaining Change
  B. Personal Application of Model

VI. **Drug Practices**
  A. Why People Use Drugs
    1. Family and Peers
    2. Consequences of Alcohol and Drug Use
  B. Drug Information
    1. Facts About Alcohol and Other Drugs
    2. Personal Decisions About Drinking and Driving

ASSIGNMENTS

The thirty six hour course includes several assignments. The assignments will be given by the facilitator and will be completed by the students outside the classroom. Worksheets are provided in the Student Workbook for each assignment. The assignments follow.

1. **Media and Myths**
   Collect ads of alcohol, tobacco, coffee, or other substances which convey significant messages or portray appealing scenes to you.

2. **12 Hours Before**
   Describe the 12 hours before your last encounter with alcohol or another substance of your choice.

3. **Observation**
   Spend at least two hours in a place where people normally gather, and observe the behavior of those around you. Do not drink coffee or alcohol, smoke cigarettes, or use any other drug during this period of time.

4. **Questions for Supervisors**
   Following each module, supervisors are to complete items 1 through 4 on the **Questions for Supervisors** Worksheet on a blank sheet. Supervisors are instructed to consider the skills learned in each module and identify how these skills may be applied to their supervisory assignments with subordinates.

5. **Independent Study**
   Bring in a newspaper or magazine article about the issue you are working on in the class and the name, address, and phone number of a local resource (an agency, the Y, a self-help group) which you might find useful. Bring in the name, address, and telephone number of another local helping resource which you think other members of the class might find useful.

QUESTIONS FOR SUPERVISORS

The course includes questions for supervisors to answer periodically throughout the thirty six hours. These questions are designed to be answered outside the classroom and to be applied to the varied and complex situations supervisors encounter in their work.

1. How can this skill(s) be applied in your role as supervisor? ______________________________

   ____

2. List specific examples: ______________________________

   ____

3. Give one example in which you have used this skill(s) successfully: ______________________________

   ____

4. Give one example in which you knew what you wanted to accomplish, but you were unable to achieve your goal and did not use the skill(s).

   ____

   ____

   a. What was the barrier? ______________________________

      ____

   b. Does the barrier still exist? ______________________________

      ____

   c. What skill(s) might you have used, and how might these have made a difference? ______________________________

      ____

   d. What do you want to work on to improve your ability? ______________________________

      ____

BACKGROUND OF THE PREVENTION PROGRAM

1. **The original prevention program** was developed and implemented in 1974 as a result of directives to reduce the number of operational readiness problems related to alcohol abuse and alcoholism within the Navy. In 1980, the Navy expanded the program to prevent problems related to drug use.

2. **The standardized prevention program** is offered as a thirty six hour course on Navy sites throughout the world. The standardized prevention program is subsumed under the Level I arm of the comprehensive Navy alcohol and drug program.

3. **The purpose of the prevention program** is to increase each individual's understanding of his or her own drug and alcohol related behavior, especially destructive behavior resulting from the use of drugs and misuse of alcohol.

4. **The general goals** of this skill building course are:

    a. to promote the health, fitness, and well being of Naval personnel in order to increase Navy operational readiness;

    b. to prevent problems that may develop associated with alcohol and drug use in the Navy and to recognize the potential hazards of adverse lifestyles by facilitating the acceptance of personal responsibility in making lifestyle choices;

    c. to intervene at the earliest possible point to reduce existing problems associated with alcohol and drug use in the Navy by training for self-contracted learning in the class and self-contracted responsible drinking and/or abstinence from alcohol and drugs outside the class; and

    d. to introduce resources available in the Navy for appropriate action on problems associated with alcohol and drug use with the ultimate goal of building addiction resistant people.

GETTING ACQUAINTED

Select a person in the class you want to get to know. Use the following questions as a guide, talk with and then introduce this person to the class.

1. How would you like to be addressed during the class?

   ____

2. What kind of work do you do?

   ____

3. What do you do after work?

   ____

4. How do you feel about your work?

   ____

5. How do you feel about your relationships with others?

   ____

6. What kinds of things excite you (for example, hobbies or interests)?

   ____

7. What kinds of things are problems to you?

   ____

8. What kind of life do you want to have?

   ____

9. What are 3 things that you like about yourself?

   a. ______________________________

   b. ______________________________

   c. ______________________________

10. What else would you like the class to know about you?

    ____

DEVELOPING A SELF-CONTRACT FOR LEARNING

Choose a short term goal which states what you want to get out of this class and how you want to contribute to this class.

1. By __________, I will have ____________________________.
   (date) (learning goal)

2. In this class, I need to take these steps to reach my learning goal:

   a. What I will do is: ____________________________

   b. When I will do it is: ____________________________

   c. What I will need is: ____________________________

   d. How I will do it is: ____________________________

3. Reaching my learning goal:

   a. What might stop me from attaining my goal?

   ____

   ____

   b. What might I say to myself that will stop me from achieving my goal?

   ____

   ____

   c. What can I do to help myself reach my goal?

   ____

   ____

4. The person in this class I choose to help me achieve [illegible] learning goal is:

____

5. This person will provide help to me this week in the following ways:

   a. What I'd like this person to do is:

   ____

   b. What I'd like this person to say is:

   ____

   c. I'd like this person to offer helpful words or actions at the following times:

   ____

6. I will evaluate my results in the following ways at the following times:

____

7. When I have reached my goal, I will reward myself by:

____

______________________	______________________
Signature (Self)	Signature (Witness)

____

Date

SUMMARY OF POLICY DOCUMENTS ON DRUG AND ALCOHOL ABUSE

I. Basic Policy Documents

A. Public Law 92-129 (September, 1971)

Directed the Secretary of Defense to identify, treat, and rehabilitate members of the Armed Forces who are drug or alcohol dependent and to recommend additional legislative action necessary to combat alcohol and drug dependence in the Armed Forces.

B. DOD Instruction 1010.2 (March, 1972)

Directed the Secretaries of the various branches of the Armed Forces to establish programs for preventing alcohol abuse and alcoholism and for treating and rehabilitating alcohol abusers and alcoholics.

C. Uniform Code of Military Justice

1. Article 111--Drunken or Reckless Driving. This article specifies that anyone who operates a vehicle while drunk will be punished in whatever way a court-martial directs.

2. Article 112--Drunk on Duty
   Punishment is directed by court-martial.

D. U.S. Navy Regulations

1. Article 1150--Alcohol
   This article prohibits the introduction, possession, or use of alcoholic beverages on board any ship, craft, aircraft, or vehicle of the Department of the Navy except as authorized by the Secretary of the Navy.

2. Article 1151--Marijuana, Narcotics, and Other Controlled Substances
   Marijuana, narcotics, or other controlled

substances are prohibited for use, sale, or transfer on board any ship, craft, aircraft, or within any Naval station, except for authorized medicinal purposes. It is the responsibility of all personnel to prevent and eliminate unauthorized or illegal use of these substances.

II. Policy Documents Related to Alcoholism Prevention

A. SECNAVINST 5300.28 (June, 1981)

1. Promotes the Department of the Navy (DON) policies regarding alcohol and drug abuse and to establish responsibility for executing these policies.

2. States that alcohol and drug abuse is incompatible with the standards of performance, discipline, and readiness necessary in the DON. The goal of the DON is to be free of the effects of drug and alcohol abuse and of the illegal possession and trafficking of drugs and drug paraphernalia.

    a. Counseling and rehabilitation to restore to full-time duty those members who have potential for further useful military service. Those who cannot or will not be rehabilitated are to be disciplined and/or discharged.

    b. Training and education in drug and alcohol abuse at all levels within the DON, especially for supervisors and those identified as having drug and alcohol problems.

B. OPNAVINST 5350.4 (November, 1982)

1. Presents a comprehensive substance abuse policy in a unified Navy Alcohol and Drug Abuse Program (NADAP).

2. Re-emphasizes the importance of zero tolerance of drug and alcohol abuse in the DON and enhances detection and deterrence of drug and alcohol abuse at all levels.

3. Reorganizes treatment interventions into a three-level approach.

Level I

a. The Local Command
Each command is to designate a Drug and Alcohol Program Advisor.

Level II

b. Counseling and Assistance Centers (CAACs)

Level III

c. Residential Rehabilitation Programs
  (1) Alcohol Rehabilitation Centers (ARCs)
  (2) Alcohol Rehabilitation Services (ARSs)
  (3) Naval Drug Rehabilitation Center (NDRC)

4. Provides for:

a. rehabilitation for those with bona fide abuse problems who show potential for further useful military service.

b. urinalysis as a means of detection and deterrence.

c. confidentiality. Information concerning alcohol and drug use which one gives to screening, counseling, or rehabilitation personnel for the purpose of seeking treatment is considered privileged information and will not be used against the person in a disciplinary manner.

d. education and training of DON personnel concerning drug and alcohol abuse with an emphasis on prevention.

QUESTIONS ON POLICY DOCUMENTS

1. Public Law 92-129 (September, 1971) directed the Secretary of Defense to do what about members of the Armed Forces who are drug or alcohol dependent?

2. What are the Navy regulations about the use of alcohol, marijuana, narcotics, and other controlled substances on board ship, craft, aircraft, or within any Naval installation?

3. Article 111 of the Uniform Code of Military Justice states that anyone who operates a vehicle while drunk will be:

4. What does zero tolerance for drug use and alcohol abuse mean?

5. What are the three levels of treatment intervention in the Navy?

SELF-AWARENESS SKILLS

"I know what I want to say, but I'm not sure how to say it." If you've ever had that feeling, you may already know that self-awareness and effective communication are important parts of our daily lives. Whether you are on the job, at home with the family, or out with friends, you are constantly communicating. How well your communication is understood depends on awareness of what you want to say as well as how you say it.

The purpose of the **Self-Awareness Skills** portion of this course is to: better understand yourself and the beliefs and feelings you want to communicate; to learn to take responsibility for communicating your beliefs and feelings to others in a manner in which they can be heard and understood; and to learn to receive communication from others effectively and skillfully.

The **Self-Awareness Skills** section of this course is divided into four modules. Each module provides you with an opportunity to learn a skill, to talk about it with the others in the class, to do written exercises, and to practice using the skill.

THOUGHTS, FEELINGS, AND SELF-TALK

Thoughts, feelings, and self-talk all contribute to the decisions you make. Thoughts are ideas or opinions that you believe are true or right. Feelings are emotions that you experience in your body. Self-talk is the conversation you carry on in your head.

Fill out this worksheet listing your thoughts, feelings, and self-talk in response to each of situations described. An example is provided below:

SITUATION	INITIAL THOUGHT	INITIAL FEELING	ONGOING SELF-TALK
1. The server in the mess gives you spoiled food.	**Here we go again...**	**Tightening in the shoulders.**	**This is par for the course... I always get the bad food.**
1. Your best friend asks to borrow some money for an upcoming leave.			
2. Your supervisor compliments you on your work.			
3. It's the end of the workday. You've just had an argument with your supervisor and are about to leave for home.			
4. The driver in the car next to you abruptly cuts you off.			

5. The cashier at the exchange gives you too much change.			
6. Your supervisor changes your duty section. Now you will have duty one day on the next three day weekend.			
7. You are involved in what is going on, and the person next to you says, "Isn't this a waste of time?"			
8. You just got home after a tiring day at work. Your friend calls and asks you out for a few beers.			

Write down one frustrating situation that comes up again and again in your life. Add your thoughts, feelings, and self-talk.

SITUATION	INITIAL THOUGHT	INITIAL FEELING	ONGOING SELF-TALK

OBSERVATION TO INFERENCE

People make assumptions (inferences) about the meaning of other people's behavior. In this exercise, observe your partner for one minute. Write down four observations and two inferences for each observation.

1. Observation______________	1a. Inference______________
________________________	________________________
	1b. Inference______________
	________________________
2. Observation______________	2a. Inference______________
________________________	________________________
	2b. Inference______________
	________________________
3. Observation______________	3a. Inference______________
________________________	________________________
	3b. Inference______________
	________________________
4. Observation______________	4a. Inference______________
________________________	________________________
	4b. Inference______________
	________________________

THE ASSERTIVENESS QUESTIONNAIRE*

In order to define situations in which you need to be more assertive, complete the following questionnaire.

Check here if the item applies to you

WHEN do you behave in a passive, aggressive, or passive aggressive way?

_______ asking for help

_______ stating a difference of opinion

_______ receiving and expressing negative feelings

_______ receiving and expressing positive feelings

_______ dealing with someone who refuses to cooperate

_______ speaking up about something that annoys you with a peer

_______ speaking up about something that annoys you with a superior

_______ talking when all eyes are on you

_______ protesting a rip-off

_______ saying "no" to others

_______ responding to undeserved criticism

_______ making requests of authority figures

_______ negotiating for something you want

_______ having to take charge

________ asking for cooperation

________ proposing an idea

________ asking questions

________ dealing with attempts to make you feel guilty

________ asking for service

________ asking for a date or appointment

________ asking for favors

________ other ________________________________

WHO are the people with whom you are passive, aggressive, or passive aggressive?

________ parents

________ fellow workers, classmates

________ strangers

________ old friends

________ spouse or mate

________ employer, supervisor, or high ranking officer

________ relatives

________ children

________ acquaintances

________ sales people, clerks, hired help

________ more than two or three people in a group

________ other ________________________________

WHAT do you want that you have been unable to achieve passively, aggressively, or passive aggressively?

________ approval from superiors for things you have done well

________ to get help from your peers with certain tasks

_______ more attention, or time with your mate

_______ to be listened to and understood

_______ to make boring or frustrating situations more satisfying

_______ to not have to be nice all the time

_______ confidence in speaking up when something is important to you

_______ greater comfort with strangers, store clerks, mechanics

_______ confidence in making contact with people you find attractive

_______ getting a new job, asking for interviews, raises, or promotions

_______ comfort with people who supervise you, or work under you

_______ to not feel angry and bitter a lot of the time

_______ overcome a feeling of helplessness and the sense that nothing ever really changes

_______ initiating satisfying sexual experiences

_______ do something totally different

_______ getting time by yourself

_______ doing things that are fun or relaxing for you

_______ other ________________________________

Look over your responses to the questionnaire, choose, and write down a situation to practice assertiveness in this class.

____

____

____

*Adapted from: Bower, S.A. and Bower, G.H. **Asserting Your Self.** Reading, Massachusetts: Addison-Wesley, 1976.

ATTITUDE AND VALUES CLARIFICATION

Attitudes and values play a central role in our daily lives. Attitude refers to a person's point of view toward self, other, and/or the environment. A value is the guideline or blueprint for personal action which supports the attitude. Systems of attitudes and values vary by individual and among cultures.

The family is the primary agent in the formation of attitudes and value systems. As children grow and develop they learn what their families consider important and desirable. Gradually, children incorporate family values into their own lives and patterns of conduct. Their values do change, though, as their sphere of nonfamily contacts increases. The priority of particular values may also change over time, often to the point where what the individual's peers think becomes more important than the family value.

Sooner or later, you may find yourself wanting to identify what you believe is important in life. You may know in general terms what you want. Perhaps you'd like a new car or money in the bank. But what if you found out you only had a month to live? Would you look at the world in the same way? Or would you discover that you have some deep feelings about people and experiences in your life of which you hadn't been aware.

The **Attitude and Values Clarification** section of this course will provide you an opportunity to examine in detail what you believe to be important, how your beliefs influence your behavior, and how to respond when your beliefs conflict with one another or with those of other people.

FIVE PERSONAL VALUES

A value is the quideline or blueprint for personal action which supports an attitude. Some examples of values are listed below.

1. Love
2. Honesty
3. Peace
4. Beauty
5. Equality
6. Freedom
7. Security
8. Wisdom
9. Trust
10. Achievement
11. Spiritual Life
12. Creativity

Now, write down five personal values of your own that you would like to share with others in the group. You can use the above examples if they apply to you, or list your own values if they are not included in the list.

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

PERSONAL VALUES

The activities you do reflect your personal values. At times, however, your values may conflict with your activities. Fill in the activities you currently do, and refer back to **Worksheet AVC I-1, Five Personal Values,** to complete the chart.

Activity you currently do.	How much time do you devote to it in a week?	What value or values are demonstrated by this activity?	What value or values are in conflict with this activity?
1.			
2.			
3.			
4.			
5.			

Complete the rest of the worksheet in a similar manner.

Activity you would like to do.	How much time would you like to devote to it in a week?	What value or values are demonstrated by this activity?	What value or values are in conflict with this activity?
1.			
2.			
3.			
4.			
5.			

VALUES CONFLICTS

Refer to the last column of **Worksheet AVC II-1, Personal Values,** and write down your value conflicts below.

1. **Value conflict** ______________________________

____

   a. What I usually do ______________________________

____

   b. What I'd like to do ______________________________

____

2. **Value conflict** ______________________________

____

   a. What I usually do ______________________________

____

   b. What I'd like to do ______________________________

____

3. **Value conflict** ______________________________

____

   a. What I usually do ______________________________

____

   b. What I'd like to do ______________________________

____

4. **Value conflict** ______________________________

____

   a. What I usually do ______________________________

____

   b. What I'd like to do ______________________________

____

ADAPTABILITY SKILLS

The purpose of the **Adaptability Skills** portion of this course is to assist you in understanding and enhancing your adaptive capacities. To achieve this goal, you will learn the physiology of tension and explore the methods you have previously used to deal with it. Besides some techniques for managing stressors and the resulting tension, you will also gain understanding of how thoughts generate your emotions; of the value of directing the conversations inside your head to realistic, useful conclusions. You will also learn how to change your environment in order to reduce the number of demands as well as how to adapt to an environment which is not under your control.

The ordinary demands of living necessitate that people engage in continuous automatic expenditures of energy. These automatic outputs, which serve to maintain the individual's equilibrium or balance, are responses to internal and/or external stimuli.

A stimulus is any input that produces a temporary change in the activity of an organism or in any of its parts. A stressor is any stimulus which creates a demand that upsets the equilibrium, restoration of which depends upon voluntary and not readily available energy expanding action. Any stimulus may or may not become a stressor. The transition zone for a stimulus to become a stressor involves the meaning of the stimulus for the person and the readily available repertoire of adaptive mechanisms. The more meaning a stimulus holds and the lower the repertoire, the greater the probability that a stimulus will act as a stressor.

Stress is the composite demand created by the individual's stressors. Stressors may be an inevitable part of everyday life. In response to a stressor, the person reacts with a state of tension. This state may have destructive, neutral, or enhancing consequences. The actual outcomes depend upon the manner in which the tension is managed. Although the presence of stress acts as a precursor for breakdown, the weakest link in the chain seems to be the area which succumbs to unmanaged tension.

STRESS LOG

Record three recent events in your life which you experienced as stressful. Then, fill in the rest of the columns. As you fill in the columns, rate the event, the strength of your reaction to the event, and the length of time you felt stressed.

Event: What happened? **1 = Minor** **5 = Major**			
What was my self-talk?			
Reaction: How did I feel? What happened in my body?			
Strength of reaction **1 = Weak** **5 = Strong**			
Time: How long did I react? **1 = Short** **5 = Long**			
What did I do to change my reaction?			

STRESSORS

Stressors are anything, anyone, or any situation from which you experience pressure and tension.

Work Stressors
Make a list of things that are difficult for you to handle at work.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Personal Stressors
Make a list of things that are difficult for you to handle in your personal life.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Which stressors can be changed by you?

____

Which stressors can't be changed by you?

____

What are the consequences of being able or not being able to change these stressors?

____

When you can't change stressors, how can you change to cope?

____

LOCUS OF CONTROL

This exercise will help you increase awareness of yourself in relation to other people and your environment. It will also help you identify the sources of pressure you feel. All of the statements below reflect beliefs with which you may agree or disagree. Indicate beside each statement in Column I whether you Agree (A) or Disagree (D). There are no right or wrong answers. After the class has completed discussion, fill in Column II as you would like yourself to be.

A = AGREE **D = DISAGREE**

I II

_____ _____ 1. Much of how I react to a situation depends on what I tell myself about it.

_____ _____ 2. When I feel calm, it is largely a matter of luck.

_____ _____ 3. A lot of the stress I face in my life is caused by my environment, and I can do nothing about it.

_____ _____ 4. I can learn how to reduce many of my daily physical complaints (such as headaches, backaches, tense muscles).

_____ _____ 5. I prefer to use alcohol and other drugs as one way to relax.

_____ _____ 6. When I am around nervous people, I'm bound to get nervous too.

_____ _____ 7. When I am faced with a problem, I try different ways of solving it rather than waiting to see what will happen.

_____ _____ 8. When I feel pressured, I know that nothing will help. I'll just have to wait until I feel better.

_____ _____ 9. The length of my life depends on how I choose to live it.

Column I: Total Internal _____. Total External _____.

Column II: Total Internal _____. Total External _____.

SELF-TALK

While listening to the song, jot down only those lyrics that you remember. When the facilitator gives you instructions to do so, write down the feelings you had while listening to the lyrics. When the facilitator gives you instructions to do so, write down your self-talk for each feeling. When the facilitator gives you instructions to do so, complete the last column.

Lyrics that I remember	
Feelings	
Self-Talk	

COPING SELF-TALK

Fill out this worksheet in response to the situations described. An example is provided below:

SITUATION	INSULTING SELF-TALK	COPING SELF-TALK
I woke up late for watch.	**Oh no! I've really blown it. I'm such an idiot.**	**Oh no! I've got to get out fast to relieve the watch. I better calm down so I can do my job.**
1. I just damaged the fender of my friend's new car.		
2. I just had a fight with my date or spouse and we said goodnight with angry words.		
3.		
4.		

THOUGHT CHANGE

Choose a situation you believe you handled well.

1. Stressful event? ________________________________

____

2. Your initial body reactions? ____________________

____

3. Your initial thoughts? __________________________

____

____

4. Your environment? _______________________________

____

5. What is your self-talk about the situation now?

    a. About self _____________________________

    b. About situation ________________________

    c. About future ___________________________

6. How did you arrive at your conclusion that you handled the stressful situation well? _______________

____

____

Choose a situation you believe you did not handle well.

1. Stressful event? ________________________________

____

2. Your initial body reactions? ______________________

____

3. Your initial thoughts? ____________________________

____

____

4. Your environment? ________________________________

____

5. What is your self-talk about the situation now?

   a. About self ________________________________

   b. About situation ___________________________

   c. About future ______________________________

6. How did you arrive at your conclusion that you did not handle the stressful situation well? _____________

____

____

7. What was your change in self-talk that affected your ability to cope? ____________________________

____

DRUG PRACTICES

People use drugs and alcohol for different reasons: to relieve discomfort such as pain, anxiety, or tension; to experiment with drug effects; to feel part of a peer group; to fight boredom; to relate to people better; and to help deal with life problems.

Many factors influence your attitudes, values, and decisions regarding drug and alcohol use. These factors include your early home life, your friends and peers, and the regulations of the Navy--the professional group to which you belong.

Even though alcohol and some drugs are generally accepted by society, they can be disruptive to your life. In the **Drug Practices** portion of this course you will examine the effects of drug and alcohol use in your life.

DEPENDENCY LOG

Refer to your **Daily Activity Log**, and note any habitual behavior that you have logged, whether it is an activity, substance, or relationship. Use the worksheet below to track your attachment to this behavior.

Substance you want to track ______________________________
Number of times used each day ____________________________
Amount used each time ____________________________________

Trigger	
Behavior	
Self-Talk	
Feelings	
Strength of Attachment **1 = Weak** **5 = Strong**	
Times Noticed	

SURVEY

Please answer the questions to the best of your ability and memory. The final question will be discussed in this class, so answer that question with hints that will help you to talk about it.

1. Did your parents or guardians use alcohol?

   ____

2. What is your earliest memory of any kind of drug use in your home?

   ____

   ____

3. Was alcohol kept in your home?_____ If yes, what quantity?_____ When was alcohol used in your home?

   ____

4. What other drugs do you recall your family using? When were other drugs used?

   ____

   ____

5. What are your parents' attitudes about home remedies or over the counter drugs?

   ____

6. What are your parents' attitudes about alcohol?

   ____

7. What are your parents' attitudes about marijuana? Other "hard" drugs?

   ____

8. Do you have any close relatives whom you believe are alcohol dependent?_____ Brothers or Sisters_____ Mother or Father_____ Aunts or Uncles_____ Grandparents_____

9. Before you used any of these substances, what were your attitudes and beliefs about:

a. alcohol? ______________________________

b. marijuana? ______________________________

c. caffeine? ______________________________

d. nicotine? ______________________________

e. any other drug(s)? ______________________________

10. What was your first alcohol or drug experience? ______

____

What were the circumstances? ______________________________

____

Who was present? ______________________________

What happened? ______________________________

____

Did you like it? ______________________________

Why/why not? ______________________________

____

11. What are your attitudes and beliefs about the following substances now?

a. alcohol ______________________________

b. marijuana ______________________________

c. caffeine ______________________________

d. nicotine ______________________________

e. any other drugs ______________________________

12. What are the differences between your beliefs and your behavior concerning the following substances?

a. alcohol ______________________________

b. marijuana ______________________________

c. caffeine ______________________________

d. nicotine ______________________________

e. any other drugs ______________________________

PEERS AND SUBSTANCE USE

A peer is someone who is like you in some way. A peer may be someone that you work with or someone that you enjoy being with during your time off. A peer may be a close friend. List one or more people in your life you consider to be peers.______________________________________

____

Spending time with peers is significant because acceptance by a group usually improves your sense of well being and self-esteem. How is being with your peers important to you?____

____

In order to insure your being accepted by the group you may decide to act like others in the group even when you do not share their personal values. The motivation to act as you think a group expects is called peer pressure. What are your experiences with peer pressure?___________________

____

Peer pressure does affect whether a person chooses to use substances. Peer pressure also affects choices about what kinds, how much, when, where, with whom substances are used, and the effect the substances produce. Think about how your different peers feel about drugs, alcohol, and other substances. You might find that you feel the same way. How do your peers currently influence your decisions to drink alcohol, to take drugs, to smoke, to overeat, to drink coffee?__________________________________

____

Even though the need to be part of a peer group is important you may not always have to do everything that the group does. Sometimes, you might find that you feel uncomfortable following along with what everyone else is doing. You can choose not to follow your group, although one of the consequences may be rejection by the group. What kinds of options could you use to deal with peer pressure?____

____

EXPERIENCE OF PRESSURE

There are times you experience pressure from your peers, and also from your supervisors, your spouse, and your children. Fill out the worksheet below describing from whom you feel pressure (Person), what you feel pressured to do (Activity), what you usually do, what you wish you would do, and how you could change your usual response to be your best response.

Person	
Activity	
Usual	
Best	
Change	

DEFINING A DRINK

These one ounce jiggers of 80 proof spirits, ten ounce glasses of beer, and three ounce glasses of wine are equal in alcohol content. *

ALCOHOLIC BEVERAGE	**PERCENT OF ALCOHOL BY VOLUME**	**PROOF**
Beer	3-6%	6-12
Wine	10-22%	20-44
Liqueur	30-65%	60-130
Rum	34-46%	68-92
Rum 151	75%	151
Gin	37-50%	74-100
Vodka	37-50%	74-100
Brandy	40-50%	80-100
Whiskey	42-52%	84-104
Scotch	42-52%	84-104
Everclear	95%	190
Bilge Wine	?	?

* Courtesy of **The House of Seagram**

ALCOHOL BODY WEIGHT INTERACTION

You can use this worksheet to determine your BAC over a 6 hour period of time. The formulas for calculating BAC at your specific weight are below.

BODY lbs. (w)	**TIME** hrs. (t)	**NUMBER OF DRINKS** (n)								
		1	2	3	4	5	6	8	10	12
100	1	0.04	**0.08**	0.12	0.16	0.20	0.25	0.33	0.41	0.49
	2	0.01	**0.06**	0.10	0.14	0.19	0.23	0.32	0.40	0.49
	3	----	0.04	**0.08**	0.13	0.17	0.21	0.30	0.39	0.47
	4	----	0.02	**0.07**	0.11	0.15	0.20	0.28	0.37	0.46
	5	----	0.01	**0.05**	**0.09**	0.14	0.18	0.27	0.36	0.44
	6	----	0.01	0.03	**0.08**	0.12	0.17	0.25	0.34	0.43
150	1	0.03	**0.05**	**0.08**	0.11	0.14	0.16	0.22	0.27	0.33
	2	----	0.03	**0.06**	**0.08**	0.11	0.14	0.20	0.26	0.32
	3	----	0.01	0.04	**0.07**	0.10	0.13	0.18	0.24	0.30
	4	----	----	0.02	**0.05**	**0.08**	0.11	0.17	0.23	0.28
	5	----	----	----	0.04	**0.06**	**0.09**	0.15	0.21	0.27
	6	----	----	----	0.02	**0.05**	**0.08**	0.14	0.19	0.25
200	1	0.02	0.04	**0.06**	**0.08**	0.10	0.12	0.16	0.21	0.25
	2	----	0.01	0.03	**0.06**	**0.08**	0.10	0.14	0.19	0.23
	3	----	----	0.02	0.04	**0.06**	**0.08**	0.13	0.17	0.21
	4	----	----	----	0.02	0.04	**0.07**	0.11	0.15	0.20
	5	----	----	----	0.01	0.03	**0.05**	**0.09**	0.14	0.18
	6	----	----	----	----	0.01	0.03	**0.08**	0.12	0.17
250	1	0.02	0.03	**0.05**	**0.07**	**0.08**	0.10	0.13	0.16	0.20
	2	----	----	0.02	0.04	**0.06**	**0.07**	0.11	0.14	0.18
	3	----	----	----	0.02	0.04	**0.06**	**0.09**	0.13	0.16
	4	----	----	----	0.01	0.02	0.04	**0.08**	0.11	0.14
	5	----	----	----	----	0.01	0.02	**0.06**	**0.09**	0.13
	6	----	----	----	----	----	0.01	0.04	**0.08**	0.11

At 1 hr: $BAC = \frac{4.1n}{w}$ At 2-6 hrs: $BAC = \frac{4.35n}{w} - 0.016t$

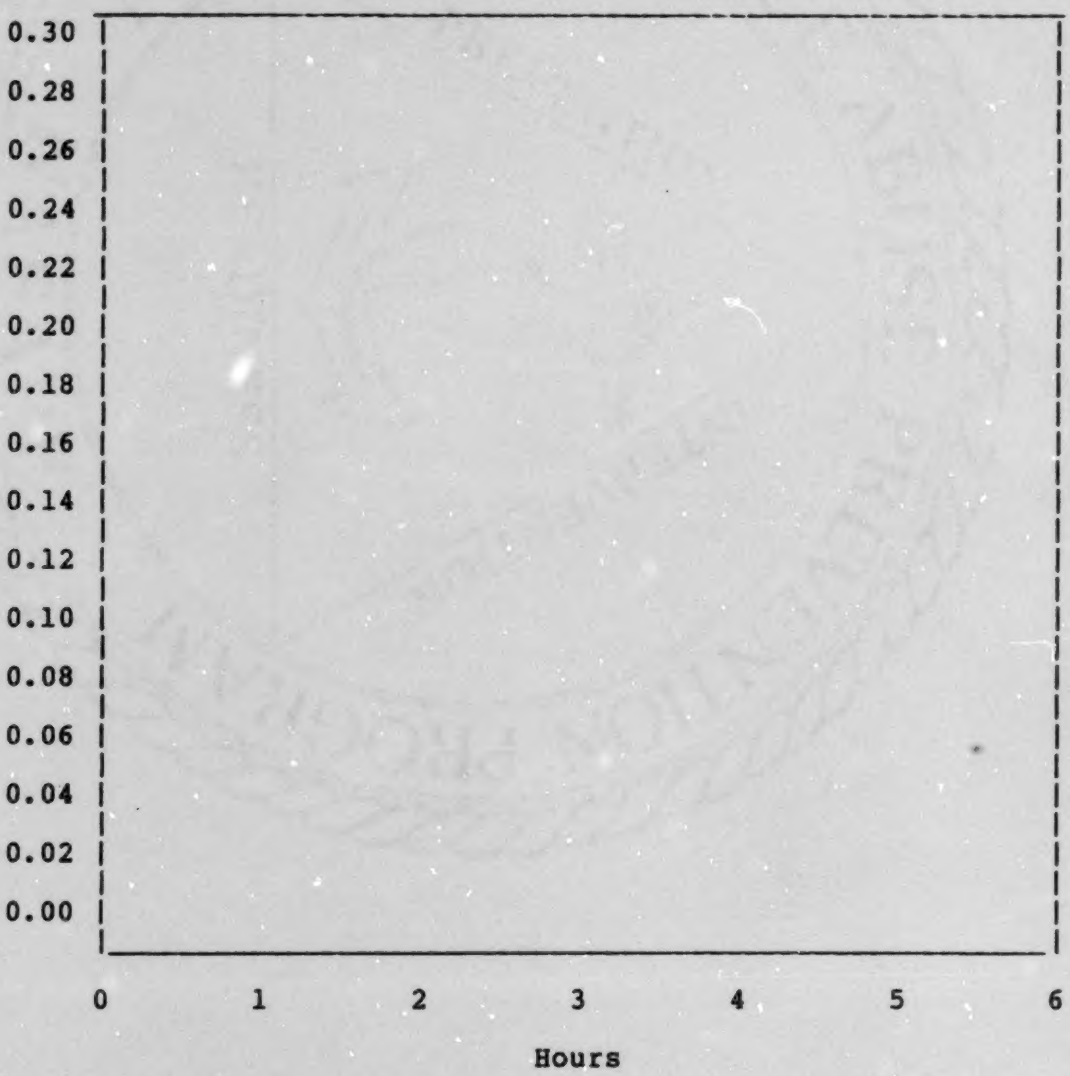
PROFILE OF A PARTY

This worksheet allows you to track your BAC over a six hour period of time. By recalling an actual party or inventing a classroom party, fill in the columns below, as they apply to your experience. Use the Drink/Drive Calculator in order to compute your BAC.

Time	
Number of drinks in an hour	
Total number of hours since drinking began	
Total number of drinks since drinking began	
Feelings at this time	
Self-talk about decision to have or not have another drink	
BAC	

BLOOD ALCOHOL CONCENTRATION

Blood alcohol concentration (BAC) results from the rate of consumption of alcohol, as well as the alcohol content of the beverage consumed. In order to plot your BAC over a period of 6 hours, refer to **Worksheet DP III-3, Profile of a Party,** and enter your BAC level at each hour.



SENSING EFFECTS

0.05	Lowered alertness (attention lapses), feeling of well being, release of inhibitions (talkativeness), impaired judgment (talking too loudly).
0.10	Slowed reaction times and impaired motor functions, carelessness (spilling drinks).
0.15	Large, consistent increases in reaction time (inability to stop a vehicle in order to avoid an accident).
0.20	Marked depression in sensory and motor capability, decidedly intoxicated (inability to perform a field sobriety test).

MESSAGE

TO: Drinking Drivers

FROM: Police Department

Sorry we missed you last night -- catch you in the morning if you drive.

0.25	Severe motor disturbance (staggering), sensory perceptions greatly impaired (double vision).
0.30	Stuperous but conscious (no comprehension of the surrounding world).
0.35	Surgical anesthesia (almost complete loss of feeling and sensation), about LD 1 lethal dose; one of every one hundred persons die with a BAC level of 0.35.
0.40	About LD 50 (in coma or stupor); one half of all people will die with a BAC level of 0.40.

If you went to bed last night with a blood alcohol concentration of .20 or more, you'll probably still be legally and physically impaired when you drive to work the next morning. You're not hung over--you're still drunk! People only experience the ascending part of BAC curve, not the descending part of the curve.

SELF-CONTRACT TO DRIVE WITHOUT DRINKING

This self-contract sets not drinking and driving as a goal. Everyone is different, and therefore reaches goals in different ways. The self-contract you develop will allow you to reach your goal in your own way.

1. By _____ I will have decided to drive without drinking.
   (date) (specific goal)

2. The steps involved in reaching my goal are:

   a. ____

   b. ____

   c. ____

   d. ____

3. If I become intoxicated, what will I do instead of drive?____

4. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   ____

   b. What might I say that will stop myself from achieving my goal?

   ____

   ____

   c. What can I do to help myself reach my goal?

   ____

   ____

5. The person who will support my effort to achieve this goal is:____

6. This person will provide support in the following ways:

a.____

b.____

c.____

7. I will evaluate my results in the following ways at the following times: ____________________________________

8. When I have reached my goal, I will reward myself by:

____

__________________________ __________________________

Signature (Self) Signature (Witness)

____

Date

SELF-CONTRACT FOR RESPONSIBLE ACTION IN A DRINKING SITUATION

This self-contract sets taking responsible action in a drinking situation as a goal. Think of a particular drinking situation you have experienced and develop your goal of responsible action.

1. By __________, I will have ____________________________.
(date) (specific goal)

2. I need to take these steps to reach my goal:

   a. What I will do is: ________________________________

   b. When I will do it is: ______________________________

   c. What I will need is: ______________________________

   d. How I will do it is: ______________________________

3. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   ____

   b. What might I say to myself that will stop me from achieving my goal?

   ____

   ____

   c. What can I do to help myself reach my goal?

   ____

   ____

4. The person I choose to help me achieve my goal is:

   ____

5. This person will provide support in the following ways:

a. ______________________________

b. ______________________________

c. ______________________________

6. I will evaluate my results in the following ways at the following times:

____

7. When I have reached my goal, I will reward myself by:

____

Signature (Self)	Signature (Witness)

____
Date

DAILY A

List your daily activities and the foods y
completed your list, notice which activiti

	SUNDAY	MONDAY	TUESDAY	
0000				
0100				
0200				
0300				
0400				
0500				
0600				
0700				
0800				
0900				
1000				
1100				
1200				
1300				
1400				
1500				
1600				
1700				
1800				
1900				
2000				
2100				
2200				
2300				
2400				

VITY LOG

consumed for the last week. After you have
you do and foods you eat on a regular basis.

NESDAY	THURSDAY	FRIDAY	SATURDAY

WARNING SIGNALS

Some warning signals which indicate that the use of alcohol has become a problem in an individual's life are listed below. Their occurrence signals the need for action.

Review the following alcohol related problem list. Decide which signals apply to you, and mark yes or no. This is intended for your eyes only.

	YES	**NO**
you have concerns about your drinking	____	____
others have concerns about your drinking	____	____
miss days at work	____	____
driver's license suspended	____	____
increased number of family arguments	____	____
traffic tickets	____	____
neglect family or friends	____	____
take things out on your kids	____	____
frequent sick days	____	____
unable to stop once drinking starts	____	____
traffic accidents	____	____
going on the wagon	____	____
loss of friends	____	____
marital problems	____	____
morning drinking	____	____
use of alcohol to obtain relief from tension or other physical discomfort	____	____
use of alcohol to get through the day or to get to sleep at night	____	____
damage to your automobile	____	____
employer, supervisor, or coworker complains	____	____
blackouts	____	____
family member(s) alcohol dependent	____	____
fail Navy fitness standards	____	____
lie about drinking	____	____
hide supply	____	____
neglect to eat when drinking	____	____
difficult to get along with when drinking	____	____
drink until drunk	____	____
unable to pace drinks	____	____
annoyed when others refer to your drinking	____	____
afraid to stop drinking	____	____
	____ **TOTAL**	____ **TOTAL**

DEBATE

Are Americans becoming more moderate in their drinking practices?

Supporting Evidence

1. Low content alcoholic drinks (wine, light wine, beer, light beer and low alcohol beer) account for the greater proportion (61%) of all liquor sales.

2. Alcohol use has, since 1960, become an increasingly ordinary event in the American lifestyle. More women have become drinkers than before 1960, and most drinking occurs in the home.

3. In 1960, most of the "hard liquor" purchased was 86 proof with a significant proportion of 90 and 100 proof spirits made or sold. In 1980, most spirits purchased were only 80 proof.

4. When dividing sales figures for commercial and homemade liquors by the number of people 14 years of age and older, Americans consume much less alcohol than people in other countries do. Americans consume:

   50% less than the French and Portuguese,
   40% less than the Germans, and
   30% less than the Swiss or Italians.

5. According to the Alcohol Research Group, University of California at Berkeley, the majority of drinkers describe themselves as "moderate" or "light" drinkers, "occasion[illegible]" rather than "frequent," and "sporadic" rat[illegible] than "regular."

6. Research studies have shown (for example, Klatsky, Friedman, and Siegelaub, 1981) that up to an ounce of alcohol per day may have positive effects on the body, such as increased levels of high density lipoproteins that assist the body

in keeping the circulatory system relatively free of problematic amounts of cholesterol (the fat like substance that sticks to the tissue inside the arteries and veins, resulting in deposits which may block the arteries and veins).

Opposing Evidence

1. A person drinking 3.6 ounces of table wine, 5.4 ounces of light wine, 11 ounces of beer, or 17 ounces of light beer is consuming the same amount of alcohol as the person who is drinking a 1 ounce cocktail. The sizes of the ordinary serving containers for wine and beer have increased since 1960. Most "wine" glasses on the market allow 8-10 ounces of liquid, most "beer" glasses 12 ounces, while mugs and steins hold 12-16 ounces.

   At home, the drinks people make for themselves are usually larger than commercial drinks, although at some expensive restaurants and bars the practice is to provide generous quantities of alcohol per drink.

2. During the Fifties, the average annual consumption per drinker was 2 gallons of alcohol per person. By 1970, the average had increased by 25% to 2.5 gallons. And by 1980, based on figures from 1979 beverage sales, the average consumption per drinker was 2.82 gallons.

   Since drinkers tend to observe the social customs around them, it appears that there has been continual movement toward heavier drinking since the Fifties, with the outcome that the heavy drinking of those times would be considered only moderate drinking now.

3. By 1980, alcoholic beverages had become easily available for purchase at grocery stores and convenience markets as well as through "drive in" and/or "all night" liquor store outlets.

4. Per capita consumption of alcohol is based on the total population of persons 14 years of age and older. However, approximately 30% of this population are total abstainers from alcohol. Another 40% are infrequent drinkers. The remaining drinkers, numbering 30% of the total population, account for the majority of the

beverages consumed. When calculated in this fashion, the American drinking population exceeds the number of people who drink in most other countries.

5. Respondents consistently report amounts equaling two or more times greater than their estimates of their own drinking when answering the question, "How much would a person have to drink to qualify as a heavy drinker?" While most drinkers tend to report socially appropriate consumption, regardless of their actual use, researchers believe that the greatest source of the underreporting exists in the population of abusive drinkers. However, when comparing self-report survey results to the taxed liquor sales in the United States (without considering homemade beverages) the reported volume of alcohol consumed averages close to 40% less than the sales revenues indicate.

6. People who drink three drinks (1 ounce alcohol per drink) three times a week are beginning a pattern of drinking that often leads to problem drinking. The distinction between nonproblem and problem drinking is not at all clear cut. Each person's habits, mental and physical health, and social circumstances must be considered before a safe drinking style can be determined.

MEDIA AND MYTHS

MYTH 1: YOU REALLY HAVE TO ADMIRE PEOPLE WHO CAN HOLD THEIR LIQUOR.

"Made for the way you really drink beer..." Coors

"The only thing better than Sambuca Romana is **another Sambuca Romana.**" Sambuca Romana

The person who can drink large quantities of alcohol without feeling the effects may have developed a tolerance to alcohol. Tolerance comes from regular use of alcohol which results in physical and psychological adaptation to its presence in the body. The development of tolerance is shown by an increase in the amount of alcohol required to produce the desired effects and frequently indicates the onset of physical dependence.

MYTH 2: ALCOHOL CAN BE USED AS A FOOD SUPPLEMENT.

"The Citrus and White Wine Cooler." Seagram's Cooler

"The Dream Comes True." Haagen-Dazs Cream Liqueur

Alcohol has no nutritional value. It contains no vitamins, minerals, or proteins. An ounce of pure grain alcohol does contain 160 calories, however. The calories provide an immediate source of energy which causes food that is normally used for energy production to be changed into fat and stored in the body for later use. Just one beer, 150 calories a day beyond the amount the body can burn up immediately, can result in a ten pound or more weight gain in as short as eight months! Alcohol also prevents absorption of the vitamins and minerals contained in foods, especially the B complex group. It's common knowledge that the B vitamins are necessary to deal with stress--uncommonly ironic when many persons report that they drink to overcome stress.

MYTH 3: ALCOHOL WARMS THE BODY.

"I put my heart in to it." Johnnie Walker Scotch Whiskey

"Add passion to your punch with Everclear 190 proof grain alcohol." Everclear Alcohol

The direct action of alcohol causes a drop in the internal body temperature by the following process. The blood vessels are opened (dilated) on the skin surfaces and the blood is cooled by greater exposure to the outer environment. As the cooled blood circulates, the core temperature is lowered gradually, but significantly. This process is continued as long as alcohol is present in the body.

MYTH 4: ALCOHOL IS A STIMULANT DRUG.

"Bring Out Your Best." Budweiser Light

"Great Writing Starts With a Little Listening, a Little Beer, and a Lot of Legwork." Mickey Spillane, Miller Lite

Alcohol is a depressant; it sedates the central nervous system. One of the first areas of the brain to be affected is the cerebral cortex which controls judgment, self-control, and inhibitions. The depression of this part of the brain may result in excitable behavior as inhibitions are lost.

MYTH 5: HANGOVERS ARE CAUSED BY SWITCHING DRINKS.

"Good friends keep you going when all you want to do is stop." Lowenbrau

"Good friends won't leave you flat." Lowenbrau

Hangovers are caused by the amount and the rate, not by the kind of alcohol consumed. While metabolizing alcohol, the liver cannot perform its usual functions, one of which is keeping the blood sugar at a normal concentration. The result of this is a state called hypoglycemia, or lower than necessary blood sugar. Symptoms of hypoglycemia are hunger, weakness, nervousness, sweating, headache, and tremor. The change in blood vessels, as mentioned in Myth 3 above, can cause headache. Lastly, a hangover is actually a "mini-withdrawal." When the central nervous system is released from the depressed state, the opposite state develops--feeling edgy and irritable. This effect is known as "rebound."

MYTH 6: ALCOHOLICS DRINK EVERY DAY.

"Be a part of it." Canadian Club

"To every roommate about to become a friend." Lowenbrau

Alcoholics are of many kinds: those who drink daily; those who drink every time they have liberty; those who drink on weekends; those who drink in binges which could occur weeks, months, or even years apart. The measure of alcoholism is not when or how often one drinks, but whether or not one can stop the drinking once it begins.

MYTH 7: YOU CAN'T BECOME AN ALCOHOLIC BY DRINKING ONLY BEER.

"Great ballplayers drink Lite because it's less filling. I know. I asked one." Bob Uecker, Miller Lite

"Michelob after work makes you glad there's a rush hour. Put a little weekend in your week." Michelob

Actually, Americans drink almost ten times as much beer as they do "hard" liquor. Although the content of alcohol in beer is relatively low, this means that one half the alcohol drunk is consumed as beer. Given these facts, it seems reasonable to say that there are many alcoholics who are only beer drinkers. (How many people have you heard say "I can't be alcoholic, I only drink beer?").

MYTH 8: A SHOT OF VITAMINS, BLACK COFFEE, SWEATING, OR A COLD SHOWER ARE QUICK WAYS TO SOBER UP.

"The Finest Name in Coffee." Old Bushmills Irish Whiskey

"Enjoy Calvert Extra and Coke on ice. Perfect together." Calvert

Only time will rid the body of alcohol. Although research on preparations containing Vitamin C, zinc, and other nutrients which seem to cause faster breaking down of the molecules seems promising, there is no known way of speeding the metabolic process. Despite the fact that alcohol-consuming rats survived, "zinc before you drink" has not been demonstrated as true in producing beneficial effects in humans. Caffeine does appear to slow the absorption rate of alcohol into the small intestine by contricting the pyloric valve. Sweating causes cooling of the skin surface of the body, as do cold showers, both of which add to the lowering of body temperature explained in Myth 3.

STAGES OF DEPENDENCY AND ADDICTION

Addiction follows certain stages. It is possible to be addicted to alcohol, cocaine, marijuana, coffee, activities, or a relationship with another person. On the worksheet below, decide on the order of the stages of addiction. Place a "1" to the left of the first stage, a "2" to the left of the second stage, a "3" to the left of the third stage and so on until all stages have been ranked.

_____ Needing the person, substance, or activity to feel normal.

_____ Denying that the substance, activity, or person is hurting one's life when other people point out the problems.

_____ First contact with the substance, person, or activity.

_____ Feeling great pleasure with the substance, person, or activity.

_____ Feeling miserable or uncomfortable when involved with the substance, person, or activity but not willing to let it or him/her go.

_____ Feeling anxious, depressed, angry, or physically ill when the substance, person, or activity is not available.

_____ Friendships, former interests, work, or health suffer because of one's relationship with the person, activity, or substance.

_____ Not being aware of the faults of the substance, person, or activity.

_____ Believing that the substance, person, or activity will improve one's life.

STAGES OF DEPENDENCY AND ADDICTION
KEY

1. First contact with substance, person, or activity.
2. Feeling great pleasure with substance, person, or activity.
3. Believing that the substance, person, or activity will improve one's life.
4. Not being aware of the faults of the substance, person, or activity.
5. Friendships, former interests, work, or health suffer because of one's relationship with the person, activity, or substance.
6. Needing the person, substance, or activity to feel normal.
7. Denying that the substance, activity, or person is hurting one's life when other people point out the problems.
8. Feeling anxious, depressed, angry, or physically ill when the substance, person, or activity is not available.
9. Feeling miserable or uncomfortable when involved with the substance, person, or activity but not willing to let it or him/her go.

GUIDELINES FOR RESPONSIBLE ALCOHOL CONSUMPTION

Establishing personal guidelines for responsible drinking will in the end increase your sense of responsibility for self. The following criteria will help you decide your limit.

1. **DRINK ONLY WHEN YOU ARE IN A GOOD MOOD:** Avoid drinking alcohol or taking any drugs when you are feeling tense, stressed, angry, or depressed. During these kinds of moods, people are especially vulnerable to developing drinking or drug problems since the substance **seems** to take away the negative feelings.

2. **DRINK ONLY OCCASIONALLY:** Avoid daily drinking since the regularity will cause drinking to be considered an ordinary event rather than a special occasion. Also, daily drinkers often develop tolerance quickly and then increase their intake of alcohol without even noticing it.

3. **MEASURE YOUR ALCOHOL:** Pay attention to the size of container for beer and wine. Avoid providing kegs of beer for parties or using larger sized shot glasses.

4. **SIP YOUR DRINKS:** If you decide to drink longer than one hour, sip your drinks. Since most people drink to get high, sipping drinks is often disappointing because most people who drink regularly will have developed tolerance above a sip and will not feel that pleasant "high." However, do not consume any more alcohol than will keep your blood alcohol concentration at 0.05 or less.

5. **DRINK FOR NO MORE THAN ONE HOUR:** When you are at an event over several hours, decide which hour you will consume alcohol. Before and after this hour, drink other beverages.

6. **KNOW YOUR BAC:** The lower the blood alcohol concentration with which you are satisfied, the safer you will be. The most effective practice is to drink only the amount that will keep your blood alcohol concentration at 0.05 or below. For most people, this amounts to two to three drinks over a two hour period.

FACTS ABOUT RESPONSIBLE DRINKING

Individuals who are concerned about preventing alcohol problems in their lives and in the lives of others can:

DO:

- decide what you want to gain from alcohol
- make rules for yourself to guide your drinking
- set a personal limit for drinking alcohol, stick to it, or drink less
- drink only when eating food
- support and encourage others to drink responsibly
- provide both alcoholic and nonalcoholic beverages for friends and guests
- support others' plans not to drink
- learn about the self-help approach to getting sober and living sober
- maintain healthy habits of exercising, eating, rest, and relaxation

DON'T:

- drink more than two 1 oz. drinks of alcohol per 24 hour day
- drive after drinking
- drink if pregnant or planning to become pregnant
- let people pressure you into drinking
- spend a lot of time with people who drink to excess
- drink a second drink before the effects of the first one have peaked and are no longer noticeable

SELF-CONTRACT FOR RESPONSIBLE DRINKING

Develop and state a goal of what responsible drinking means to you.

1. By ________ (date) I will have defined what responsible drinking is for me. (specific goal)

2. The steps involved in reaching my goal are:

   a. How many drinks? ______________________________

   b. Over which period of time? ______________________

   c. With whom will I drink? _________________________

   d. When will I drink? _____________________________

   e. Where will I drink? ____________________________

   f. Why will I drink? ______________________________

   g. How will I monitor myself? ______________________

      ____

   h. When I have consumed my limit, what will I do instead of drink? ______________________________

      ____

3. By _______ I will begin/continue to drink responsibly.

4. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   ____

b. What might I say that will stop myself from achieving my goal?

____

____

c. What can I do to help myself reach my goal?

____

____

5. The person who will support my effort to achieve this goal is:________________________________

6. This person will provide support in the following ways:

a. ____

b. ____

c. ____

7. I will evaluate my results in the following ways at the following times: ____________________________

8. When I have reached my goal, I will reward myself by:

____

__________________________ __________________________

Signature (self) Signature (support person)

____

Date

SELF-CONTRACT FOR RESPONSIBLE ABSTAINING

If your goal is to abstain from the use of certain substances, such as alcohol, tobacco, caffeine, or high fat/high sugar food, then use this self-contract to develop your goal.

1. By __________ I will begin to: ________________________.
   (date)   (specific goal)

2. The steps involved in reaching my goal are:

   a. What will I do to get started? ____________________

   ____

   b. How will I maintain this momentum? ________________

   ____

   c. Why am I doing this? _____________________________

   ____

   d. How will I monitor myself? _________________________

   ____

   e. What will I do instead of using the substance?

   ____

   ____

   ____

   ____

   f. When will I do this? ______________________________

   ____

3. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   b. What might I say that will stop myself from achieving my goal?

   ____

   c. What can I do to help myself achieve my goal?

   ____

4. The person who will support my effort to achieve this goal is: ____

5. This person will provide support in the following ways:

   a. ____

   b. ____

   c. ____

6. I will evaluate my results in the following ways at the following times: ______________________________

7. When I have reached my goal, I will reward myself by:

   ____

____
Signature (self)

____
Signature (support person)

____
Date

12 HOURS BEFORE

Class assignment to be completed before ________________.

Begin at a time 12 hours or so before your last encounter with alcohol, drugs, or food. Describe what you did, where you went, whom you were with, what and how much you consumed or used, why you chose to do so, and the details of the experience.

Use this sheet to record your experiences. Please bring it with you to class on ____________________.

What I did ____

____

Where I went ____

____

With whom ____

____

What I consumed _______________________________________

____

How much I consumed ___________________________________

____

Why I chose to do this ________________________________

____

Thoughts about it _____________________________________

____

Feelings about it _____________________________________

____

Other details about it ________________________________

____

OBSERVATION

Class assignment to be completed before ________________.

Go to a place where people normally gather. Spend at least two hours there. Do not drink coffee or alcohol, smoke cigarettes, or use any other drug for this period of time. Your assignment is to observe the behavior of those around you. It may be helpful to take notes as soon as you return to your room so that you can share this experience at a later date.

Here are some possible processes you may observe: Notice what people are eating or drinking; notice activities in which others are engaging (playing cards, reading the paper, or others); notice the loudness of voices and/or music; notice what kinds of stories and/or jokes are told; notice people's behavior toward others; notice people's moods; notice what they talk about; try to pay attention to what people are concerned about. Remember to notice how you feel in the situation (How does your body feel? What are you thinking? What do you do?). Notice how you feel about being an observer.

SUBSTANCE USER SURVEY

We would appreciate your filling out the following questionnaire. It attempts to survey the experiences people had when they were using the drug or substance that they preferred. Select only one substance in order to answer the survey.

If you **always** had the experience listed, circle the number "5." If you **usually** had the experience listed, circle the number "4." If you **occasionally** had the experience, circle the number "3." If you **rarely** had the experience (or **aren't sure** if you did), circle the number "2." If you have **never** had the experience listed, please circle the number "1."

(Never=1) (Rarely=2) (Occasionally=3) (Usually=4) (Always=5)

When I was using the substance I preferred:

1. New ways of thinking opened up for me... 1 2 3 4 5
2. I had a hard time getting motivated to work... 1 2 3 4 5
3. I was able to communicate my feelings better to people... 1 2 3 4 5
4. Personal problems got exaggerated in my mind... 1 2 3 4 5
5. I believed that life was a game and that I shouldn't take it too seriously... 1 2 3 4 5
6. I felt safe, secure, and detached from the outside world... 1 2 3 4 5
7. A thought or idea continued to bother me... 1 2 3 4 5
8. The world seemed to slow down so that I could manage it better... 1 2 3 4 5

(Never=1) (Rarely=2) (Occasionally=3) (Usually=4) (Always=5)

When I was using the substance I preferred:

9. My memory got worse... 1 2 3 4 5

10. My body felt heavier... 1 2 3 4 5

11. I felt warm, glowing, and safe... 1 2 3 4 5

12. I discovered connections between ideas or events in the world that I didn't see while straight... 1 2 3 4 5

13. Food and drink tasted better... 1 2 3 4 5

14. I worried about the impression I made on others around me... 1 2 3 4 5

15. Work, even boring work, became more interesting or tolerable... 1 2 3 4 5

16. Sexual intercourse seemed longer and more enjoyable... 1 2 3 4 5

17. Simple activites required more effort... 1 2 3 4 5

18. My thoughts seemed clearer and I was able to speak better... 1 2 3 4 5

19. It was harder to think straight and speak correctly... 1 2 3 4 5

20. I felt I could handle anything that came my way... 1 2 3 4 5

21. If you were in a situation where someone was forcing you to use a drug, **but you could choose the drug that you used**, which of the following would you select? Number your responses from 1-12, with 1 being most preferred to 12 being least preferred.

ALCOHOL

MARIJUANA

TOBACCO

AMPHETAMINES (Speed)

BARBITURATES (Downers)

COCAINE

PEYOTE

MUSHROOMS

CHOCOLATE

HEROIN

CAFFEINE

LSD

SUBSTANCE USER SURVEY KEY

In the Score column, write down the number you circled for each corresponding item. Then total your score under each category.

Item No.	Score
1	_____
6	_____
12	_____
15	_____

Gain Personal Insight Total: _____ |_____|

Item No.	Score
4	_____
7	_____
10	_____
14	_____

Induce Depression Total: _____ |_____|

Item No.	Score
2	_____
9	_____
17	_____
19	_____

Escape Reality Total: _____ |_____|

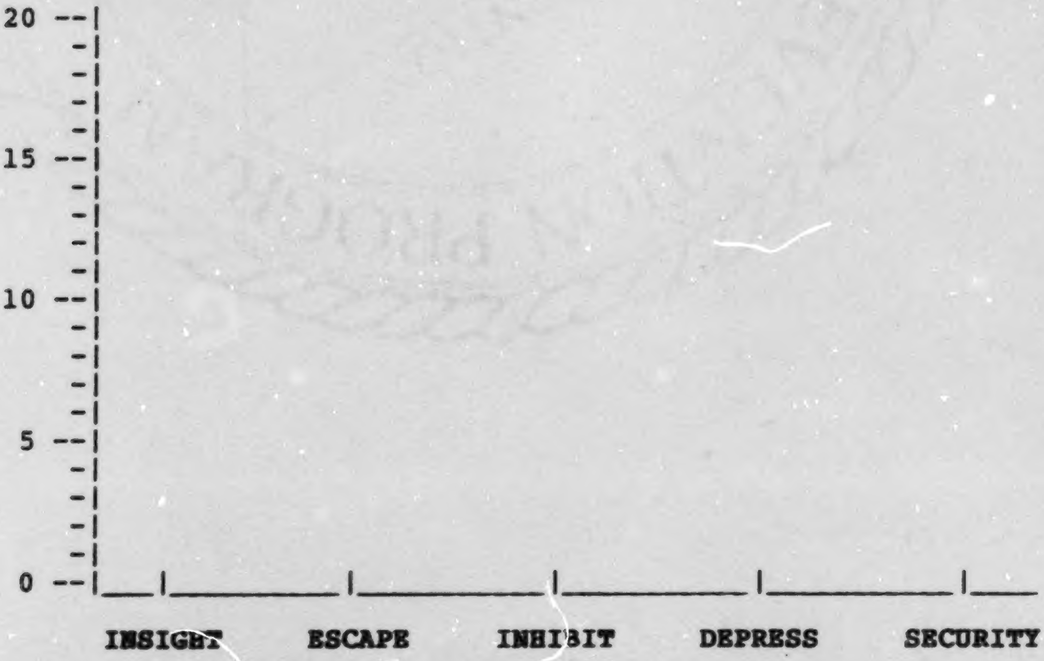
Item No.	Score
5	_____
8	_____
11	_____
20	_____

Increase Sense of Security Total: _____ |_____|

Item No.	Score
3	_____
13	_____
16	_____
18	_____

Reduce Inhibition Total: _____ |_____|

Graph the totals for each category on the following chart.



EFFECTS OF SUBSTANCE USE ON JOB PERFORMANCE

Individuals' reactions to substances vary on the basis of a number of factors such as age, physical condition, personal expectations, as well as the nature of the substance itself. This worksheet lists some effects of selected substances. In the last column, fill in the affect your use of these substances could have on your job performance.

SUBSTANCE	**EFFECTS**	**HOW could use of this substance affect your job performance?**
Alcohol	slowed response time blurred vision difficulty judging distance slurred speech aggression or withdrawal headache upset stomach hangover thirst decrease in sex drive	
Other Depressants (Quaalude, Pentobarbital)	apathy clumsiness drowsiness or sleepiness loss of attention or concentration slurred speech irritability and depression	

SUBSTANCE	**EFFECTS**	**HOW could use of this substance affect your job performance?**
Nicotine	drowsiness or wakefulness irritability dizziness wired or lethargic shortness of breath	
Cannabis (Marijuana)	distortion of time and space slowed response time difficulty judging distances problems with short term memory problems with tracking moving objects	
Cocaine	decrease in appetite increase in mental activity trembling and chills restlessness irritation of nasal passages suspiciousness hallucinations	
Other Stimulants (Dexadrine, Benzedrine, Caffeine)	decrease in appetite dry mouth nervousness insomnia restlessness increase in mental activity unpredictable response time decrease in attention span wide mood swings	

SUBSTANCE	EFFECTS	HOW could use of this substance affect your job performance?
Hallucinogens	distortion of time and space and objects hallucinations overreactivity/hypersensitivity flashbacks fearfulness out of touch with ordinary environment	
Opiates	distortion of time and space apathy and numbness slowed response time dulled thinking problems with memory	
Organic Solvents	distortion of time and space poor control of body responses problems with judgment irritability drowsiness and lethargy nonpredictability of actions	
PCP Phencyclidine	unpredictability impulsivity inability to think clearly disrupted vision inability to control self clumsiness leading to accidents or injury disrupted ability to communicate	

CONSEQUENCES OF SUBSTANCE CHOICES

Substances have different consequences for individuals over a period of time. Write down the consequences you experience with substances in the spaces provided below.

SUBSTANCE	CONSEQUENCES				
	Immediate		Short Term (1-12 Hours)	Day After (Rebound Effect)	Long Term (Chronic)
	Choices Gained	Choices Lost			
Alcohol					
Other Depressants					
Caffeine					
Nicotine					
Other Stimulants					
Hallucinogens					
High Fat/Sugar Diet					

PLAN OF ACTION

The worksheet below allows you to select a personal goal and to develop a plan for reaching that goal.

A goal must be

1. Conceivable
2. Believable
3. Achievable
4. Controllable
5. Measurable
6. Desirable
7. Stated with no alternative
8. Growth facilitating

1. Goal: ____

2. What, if anything, do you anticipate might make it especially difficult for you to achieve this goal?

1st OBSTACLE	**2nd OBSTACLE**	**3rd OBSTACLE**
____________	____________	____________

3. **Ways to Manage**	**Ways to Manage**	**Ways to Manage**
______________	______________	______________
______________	______________	______________

4. End result in __________________ (weeks, months, years)

5. What is the first step? ________________________________

6. How do you do it? ___________________________________

____

7. Where? ____

8. Who? (Will you need other people to help?) __________

____

9. What do you need? (Materials, if any) ________________

____

10. Cost? ____

11. Anything else? _______________________________________

12. When will you start? _________________________________

13. Most critical things you will do the first week: ______

____

14. Most critical things to accomplish in the first month:

____

GENERAL SELF-CONTRACT

The worksheet below allows you to select a personal goal and to develop a contract for achieving that goal.

1. By __________, I will have ______________________________.
   (date) (specific goal)

2. I need to take these steps to reach my goal:

   a. What I will do is: ______________________________

   b. When I will do it is: ______________________________

   c. What I will need is: ______________________________

   d. How I will do it is: ______________________________

3. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   ____

   b. What might I say to myself that will stop me from achieving my goal?

   ____

   ____

   c. What can I do to help myself reach my goal?

   ____

   ____

4. The person I choose to help me achieve my goal is:

   ____

5. This person will provide support in the following ways:

   a. ____

   b. ____

   c. ____

6. I will evaluate my results in the following ways at the following times:

   ____

7. When I have reached my goal, I will reward myself by:

   ____

______________________________ ______________________________
Signature (Self) Signature (Witness)

____
Date

DECISION MAKING

Like it or not, you have control over and must take personal responsibility for nearly every decision you make, from the simplest, such as what brand of toothpaste you will use, to the most important, such as whom you will marry and what your life's work will be.

Although decision making is a very ordinary activity, it is not easy to make wise decisions consistently without training and practice. If it were, corporation executives wouldn't be paid hundreds of thousands of dollars a year and it wouldn't take half a lifetime for a person to earn the authority to command a Navy vessel. There is no magic formula that can absolutely predict how a particular decision will finally work out. There are, however, ways to approach decisions that can insure that you have the elements under control before you act.

In the **Decision Making** portion of the course, you will examine the process successful decision makers follow, consciously at first, then more automatically as they gain skill. Even "split second" decisions follow the basic pattern. Three steps are involved: defining the problem, generating possible alternative solutions, and acting on the solution with the most positive and least negative consequences.

PERSONAL FITNESS INVENTORY*

INTRODUCTION

Over time, your body is either strengthened or weakened by what you do with it on a regular basis. The way you eat, your level of physical activity, how you handle stress and your control of dependencies all affect your continued health and well being. To a large extent, these aspects of your lifestyle determine the mileage you're likely to get out of your natural gifts. They either squander or preserve your basic genetic endowment.

What does it mean to be fit and to enjoy a high level of wellness? Beyond the absence of illness and pain, it means feeling really alive, with a genuine gusto for life, and having plenty of energy to enjoy it fully. It's a trim, flexible, well toned body, a twinkle in your eye, and a warm, friendly smile on your face. In short, fitness is your capacity to enjoy life and to live it fully.

On the other hand, a lack of fitness is often at the root of many common problems, such as:

a lack of energy and vitality
looking and feeling out of shape
difficulty coping with daily pressures
nagging aches and pains
over or underweight
shortness of breath
frequent minor illnesses
worry, anxiety, and depression
loss of muscle tone and strength
persistent lower back pain
diminished work performance
difficulty concentrating
more frequent emotional upsets
lowered endurance
limited flexibility
greater susceptibility to accidents

And, over the long haul, a lack of fitness may lead to the degeneration of critical body functions, greatly increasing your risk of major disease and eventual loss of ability.

The Personal Fitness Inventory provides you with a clear picture of how your current lifestyle is shaping your future well being.

In completing the Inventory, bear in mind that there are no right or wrong answers. The correct answer--indeed, the only useful answer--is the one which best reflects your real life situation today.

HOW YOU SEE YOURSELF

Take a look at the chart below.

From top to bottom, the scale ranges from what you might consider to be your ideal state of health, fitness and well being, at +10, to a minimum state of wellness at -10.

Mark the point on the scale to the right which you feel best represents your overall physical condition today--that is, your present state of wellness and vitality. Next, think back in time to a period about five years ago. Get an image of your physical condition at that time. Now, mark the point on the scale to the left which you feel best represents your overall physical condition as of five years ago. Connect these two points with an arrow directed from your past to your present condition. This arrow indicates the direction of your recent health history as you have experienced it.

The Lifestyle Inventory will assist you to project a greater measure of wellness into your future.

YOUR IDEAL PHYSICAL CONDITION

5 YEARS AGO	High Level Wellness	+10	+10	High Level Wellness	TODAY
		+8	+8		
		+6	+6		
	Exceptional Wellness	+4	+4	Exceptional Wellness	
		+2	+2		
	Average Wellness	0	0	Average Wellness	
		-2	-2		
	Less Than Average Wellness	-4	-4	Less Than Average Wellness	
		-6	-6		
	Low Level Wellness	-8	-8	Low Level Wellness	
		-10	-10		

MINIMAL STATE OF WELL-BEING

MEASURE YOUR PRESENT CONDITION

Your Body Composition

The average person, if he or she is in good physical condition at the time, will achieve a desirable weight between the ages of 18 and 23. With this in mind, estimate how many pounds, if any, you are overweight now. If you believe you were overweight during that period, simply give your best estimate.

YOUR PRESENT WEIGHT _____

LESS YOUR IDEAL WEIGHT -_____

EQUALS POUNDS OVERWEIGHT =_____

Enter the score from the table that matches your pounds overweight.

____
YOUR SCORE
from the table

Pounds Overweight	Your Score	Your Weight Tends to Support
0	50	
1 to 3	47	High Level Wellness
4 to 6	44	
7 to 9	41	Exceptional Wellness
10 to 14	38	
15 to 19	35	Average Wellness
20 to 29	32	
30 to 39	29	Less Than Average Wellness
40 to 49	26	
50 to 75	23	Low Level Wellness
over 75	20	

Your Resting Heart Rate

How fast your heart beats when you are at rest indicates how hard your heart has to work simply to maintain your basic body functions. This, in turn, is a useful indicator of the fitness of your heart, lungs, blood, and blood vessels.

Your resting heart rate may be measured after you have been sitting or lying in a relaxed state for five minutes or so. To determine your heart rate, place the second and third fingers along the thumb side of the opposite wrist, and count the pulsations for one minute.

YOUR RESTING HEART RATE _____

Enter the score from the table that matches your resting heart rate.

____
YOUR SCORE
from the table

Resting Heart Rate	**Your Score**	**Your Rate Tends to Support**
under 50	50	High Level Wellness
50 to 54	47	
55 to 59	44	
60 to 64	41	Exceptional Wellness
65 to 68	38	
69 to 72	35	Average Wellness
73 to 76	32	
77 to 80	29	Less Than Average Wellness
81 to 84	26	
85 to 88	23	Low Level Wellness
over 88	20	

Your Pulse Recovery Rate

How quickly your heart returns to its resting rate after a moderate exertion is another indicator of your overall state of fitness. This test, called the Kasch Pulse Recovery Test, measures your heart rate during the first minute following three minutes of mild exercise. Complete this test only if your heart is healthy.

To perform the test, first create a small, sturdy platform 12 inches high. Large books work fine.

Next carry out the exercise, which consists of stepping up to your 12 inch platform with both feet, one foot at a time, then down again. This is accomplished 24 times each minute for 3 minutes.

Then count the pulsations of your heart for the first minute immediately following completion of the three minute exercise.

YOUR RECOVERY HEART RATE _____

Enter the score from the table that matches your recovery heart rate.*

_____
YOUR SCORE
from the table

Recovery Heart Rate	**Your Score**	**Your Rate Tends to Support**
under 77	50	High Level Wellness
77 to 78	47	
79 to 80	44	
81 to 83	41	Exceptional Wellness
84 to 90	38	
91 to 98	35	Average Wellness
99 to 102	32	
103 to 105	29	Less Than Average Wellness
106 to 107	26	
108 to 109	23	Low Level Wellness
over 109	20	

*If you can't complete this test, enter Your Resting Heart Rate Score here also.

YOUR HEALTH HISTORY

Circle the score beside the one statement that best describes your experience with smoking.

0 I have never smoked, or I quit smoking more than 15 years ago.
- 1 I quit smoking 10 to 15 years ago.
- 2 I quit smoking 5 to 10 years ago.
- 3 I quit smoking less than 5 years ago.
- 7 I presently smoke 1 to 7 tobacco cigarettes per day or 1 marijuana cigarette per week.
- 9 I presently smoke 8 to 14 cigarettes per day or I smoke cigars or a pipe.
- 11 I presently smoke 15 to 25 tobacco cigarettes or 1 marijuana cigarette per day.
- 14 I presently smoke more than 25 cigarettes per day.

Circle the score beside each statement that is true for you.

- 2	I have lived with a person who smokes during 2 or more of the past 4 years.
- 2	I have worked in a smoky area during 2 or more of the past 4 years.
- 1	I have lived in a high smog area during 2 or more of the past 4 years.

Circle the score beside each condition that you know you presently have.

- 10	heart or arterial disease
- 6	severe chest pain when exercising (angina)
- 6	diabetes
- 4	high blood pressure or hypertension
- 4	an abnormally high blood cholesterol level
- 4	emphysema
- 4	chronic bronchitis
- 3	kidney disorder
- 3	a thyroid disorder
- 3	gout
- 2	severe leg cramps when exercising
- 2	frequent headaches

Circle the score beside each condition of which you have a family history.

- 10	heart or arterial disease
- 7	alcohol dependency
- 6	cancer
- 6	diabetes
- 4	depression

Add up your health history scores and enter the total here. -__________ YOUR SCORE

SUMMARIZE YOUR PRESENT CONDITION

Summarize your Present Condition by adding up the four scores you've developed so far.

Your BODY COMPOSITION SCORE +_____

PLUS: Your RESTING HEART RATE SCORE +_____

PLUS: Your PULSE RECOVERY RATE SCORE +_____

EQUALS: Subtotal =_____

MINUS: Your HEALTH HISTORY SCORE -_____

YOUR PRESENT CONDITION SCORE =_____

Mark Your Score Here	Your Patterns Tend To Support
	High Level Wellness
118	
	Exceptional Wellness
102	
	Average Wellness
86	
	Less Than Average Wellness
70	
	Low Level Wellness

The sections to follow explore a number of ways in which your Present Condition is being shaped by your lifestyle.

MEASURE YOUR LIFESTYLE

YOUR PHYSICAL ACTIVITY PATTERNS

For each of the following four activity levels, circle the score beside the one answer that most closely matches the number of days you exercise at that level each week. If you spend no time at some level, circle "1" for that level.

LEVEL A: Continuous running, swimming, or strenuous bicycling, dancercise, rowing etc. My average weekly activity is:

1 one day or less per week.
12 2-3 days per week.
20 3-4 days per week.
28 4-5 days per week.
36 more than 5 days per week.

LEVEL B: Vigorous courtsports, trimnastics etc. My average weekly activity is:

1 one day or less per week.
9 2-3 days per week.
16 3-4 days per week.
23 4-5 days per week.
30 more than 5 days per week.

LEVEL C: Brisk walking, 2-person volleyball, singles tennis etc. My average weekly activity is:

1 one day or less per week.
6 2-3 days per week.
12 3-4 days per week.
18 4-5 days per week.
24 more than 5 days per week.

LEVEL D: Light walking or bicycling, team volleyball, bowling, gardening, fishing etc. My average weekly activity is:

1 one day or less per week.
3 2-3 days per week.
6 3-4 days per week.
9 4-5 days per week.
12 more than 5 days per week.

For each of the following questions, circle the score beside the one answer that is most correct for you.

The intensity of my physical activity at work is:

1 almost no physical activity.
3 infrequent activity - not very strenuous.
6 occasional, moderately strenuous exertion.
12 frequent strenuous exertion.
18 almost continuous physical exertion.

I perform full body stretches to maintain my flexibility and range of motion:

1 infrequently.
6 occasionally - every few days or so.
14 almost every day.

I engage in activities which help me to maintain the strength of my major muscles and bones:

1 almost never.
5 occasionally - once a week or so.
11 regularly - at least twice a week.

Add up your physical activity scores and enter the total here.

YOUR PHYSICAL ACTIVITY SCORE _____

Mark Your Score Here	Your Patterns Tend To Support
	High Level Wellness
70	
	Exceptional Wellness
55	
	Average Wellness
30	
	Less Than Average Wellness
15	
	Low Level Wellness

YOUR NUTRITIONAL PATTERNS

I feel that the quantity of food I eat is:

1 frequently excessive--I usually don't stop eating until I feel full.
4 occasionally excessive.
8 rarely excessive--I usually finish eating before feeling full.

I eat fresh fruit:

1 infrequently--many days none at all.
3 occasionally--many days I get some.
6 once or twice almost every day.

I eat leafy green vegetables:

1 infrequently--many days none at all.
4 occasionally--many days I get some.
8 once or twice almost every day.

I eat other vegetables such as beans, potatoes, peas, lentils, squash, and yams.

1 infrequently--many days none at all.
3 occasionally--many days I get some.
6 almost every day.

The wheat and other grains I eat are mostly:

1 highly processed, bleached white.
3 medium processed, enriched whole wheat.
8 course ground, whole grain.

The dairy products I eat are mostly:

1 high fat--whole milk, cream, cheddar, and other full fat cheeses.
2 low fat.
4 skim milk, low fat cheeses, or no dairy products at all.

The meats that I eat are mainly:

1 high fat--pork, prime beef, hamburger, organ meats, duck, lamb, etc.
2 medium fat--lean beef, veal, chicken and turkey with skin.
6 lean--fish, chicken and turkey without skin, or no meat at all.

I eat fried foods, including most fast foods:

1 often--three or more times a week.
2 occasionally--about twice a week.
4 seldom--once a week or less.

Regarding fats such as butter, margarine, mayonnaise, salad dressings, and oils:

1 I don't control my intake.
2 I eat 3 or 4 teaspoons per day.
4 I eat 2 teaspoons or less per day.

I read package labels to minimize my intake of fats, sugars, and preservatives:

1 seldom.
2 occasionally.
4 often.

At the table, I salt my food:

1 usually--quite a bit.
2 occasionally--moderately.
4 rarely--very little if any.

My intake of sugars, honey, syrups, sweet foods, candy, and full calorie soft drinks is:

1 frequent--quite a bit.
4 occasional--moderate.
8 infrequent--very little if any.

Add up your nutritional scores and enter the total here.
YOUR NUTRITIONAL SCORE ___________

Mark Your Score Here	Your Patterns Tend To Support
	High Level Wellness
57	
	Exceptional Wellness
50	
	Average Wellness
39	
	Less Than Average Wellness
32	
	Low Level Wellness

YOUR STRESS MANAGEMENT PATTERNS

For each of the following questions, circle the score beside the one answer that is most correct for you.

In general, the pace at which I do things such as walking and talking is:

1 faster than most other people.
2 about the same as most other people.
3 slower than most other people.

When I'm in a situation where I have to wait:

1 I often feel uneasy, and anxious to get going again.
2 sometimes I'm uneasy; other times I'm relaxed.
3 I generally remain relaxed, able to enjoy whatever happens to be going on.

Regarding personal achievement, I am:

1 constantly driven to work harder in order to measure up to my own high standards.
2 somewhat pressured to work harder in order to measure up to my own standards.
3 relaxed, confident that I am responding appropriately to my circumstances.

When I am working against a tight schedule:

1 I am often nervous, and frequently become impatient with delays.
2 I am sometimes nervous, and occasionally become impatient with delays.
3 I generally remain calm, responding to delays with patience and renewed determination.

When working on tasks which demand concentration:

1 I am frequently distracted by other matters.
2 I have some difficulty staying focused on what I'm doing.
3 I can usually stay focused on what I'm doing without undue distraction.

In relationships with others:

1 I am highly competitive; I often envy the successes of others.
2 I am somewhat competitive; somewhat supportive.
3 I am highly supportive; I enjoy the successes of others.

When others are speaking to me:

1 I'm often thinking of what I'm going to say next, and frequently interrupt the speaker.
2 I listen intermittently, sometimes interrupting the speaker with my own thoughts.
3 I usually listen attentively, rarely interrupting the speaker.

With regard to expressing my feelings:

1 I keep my true feelings to myself in most situations.
2 I find it somewhat difficult to express my real feelings.
3 I find it easy to express my feelings in most situations.

In dealing with my deepest personal concerns:

1 I feel unable to discuss my most difficult problems with anyone.
2 sometimes I feel I have no one to talk with about what's really bothering me.
3 I have trusted persons with whom I can usually discuss whatever is on my mind.

The quality of my sleep is:

1 often disturbed by anxious thoughts or distressing dreams.
2 sometimes sound; other times disturbed.

3 sound, peaceful and refreshing; undisturbed by the concerns of the day.

When thinking of the past or the future:

1 I often dwell on unpleasant images which may reduce my present effectiveness.
2 I sometimes dwell on unpleasant images from the past or about the future.
3 I usually envision fulfilling experiences which support my present effectiveness.

Regarding my need for information:

1 I become very uncomfortable when I don't know exactly what is going on.
2 I feel somewhat uncomfortable with uncertainty and try hard to eliminate the unknowns.
3 I can live with uncertainty, even enjoying the adventure of facing the unknown.

In my present life situation:

1 I feel confined and unable to express myself as I would like.
2 I feel somewhat limited.
3 I am able to be the person I want to be, and to do the things I enjoy most.

My interests:

1 mostly confined to matters which are related to my work.
2 somewhat varied.
3 numerous and varied, including areas quite unrelated to my work.

Regarding obtaining rewards for my efforts:

1 I am very anxious and aggressive about obtaining the rewards and recognition I want.
2 I am somewhat anxious about receiving the rewards and recognition I feel I deserve.
3 I am secure in the confidence that somehow I am well rewarded for what I do.

I tend to evaluate my experience in terms of:

1 observable results, such as how much, how well, how long, how fast, etc.
2 observable results, tempered to some extent by my feelings.
3 my overall feelings about the experience, aside from any observable results.

My satisfaction and sense of accomplishment are derived from:

1 mainly the rewards and recognition I receive from others.
2 sometimes my own appreciation; other times the recognition I receive from others.
3 mainly the personal knowledge that I have performed to the best of my ability.

Regarding my sense of responsibility:

1 I generally feel responsible for everything that is going on.
2 I often feel responsible for situations and events that are beyond my control.
3 I feel responsible for assuring that my behavior is effective, and consistent with my values, feelings and intentions.

I reduce the effect of stress in my life by engaging in some method of conscious relaxation:

1 infrequently.
2 occasionally--every few days or so.
10 almost every day.

Add up your stress management scores and enter the total here.

YOUR STRESS MANAGEMENT SCORE __________

Mark Your Score Here	**Your Patterns Tend To Support**
	High Level Wellness
54	
	Exceptional Wellness
49	
	Average Wellness
42	
	Less Than Average Wellness
36	
	Low Level Wellness

POTENTIAL DEPENDENCIES

My average daily consumption of caffeine drinks, including coffee, non-herbal tea, and cola is:

0	one cup or less.
- 2	two or three cups.
- 6	four or more cups.

The amount of alcohol I consume averages:

0	one standard serving per day or less of any alcoholic beverage.
- 4	two standard servings per day.
-12	three or more standard servings per day.

I use other mood altering substances:

0	seldom, if ever.
- 3	occasionally--less than once a week.
- 8	frequently--once a week or more.

With regard to both prescription and over the counter medications:

0	I take as little as possible, and then only as directed.
- 4	I take quite a bit, sometimes simply for "extra insurance."
-10	I take a lot, whether or not it is clearly necessary at the time; or, I take them in unapproved combinations.

With regard to smoking:

0	I am a nonsmoker.
- 6	I smoke 1 to 7 tobacco cigarettes per day or 1 marijuana cigarette per week.
- 8	I smoke 8 to 14 cigarettes per day or I smoke cigars or a pipe.
-12	I smoke 15 to 25 tobacco cigarettes or 1 marijuana cigarette per day.
-18	I smoke over 25 cigarettes per day.

With regard to your ability to control your use of alcohol:

0	I have no problem (I can stop whenever I want to).
- 7	I have difficulty stopping at times--this is usually related to situations I'm in.
-15	I can't stop drinking once I start (I end up getting totally drunk or passing out each time).
-20	I have blackout periods (I can't remember what happened when I was drinking).

With regard to the reactions of others to your use of alcohol or other drugs:

0	No one expresses concern over my use of alcohol/drugs.
-10	My family members (e.g. spouse, parents, siblings) express concern over my use of alcohol/drugs.
-10	Both my family members and friends express concern over my use of alcohol/drugs.
-15	Family members, friends, and people at work express concern over my use of alcohol/drugs.
-15	I, myself, think that I should cut back on my use of alcohol/drugs.

With regard to your reasons for using alcohol/drugs:

0	I don't use alcohol/drugs.
- 4	Alcohol/drugs help me to relax, loosen up some.
-10	Alcohol/drugs help me handle stress, pressure, and tensions of everyday life.
-14	Alcohol/drugs cheer me up when I'm in a bad mood.
-16	Alcohol/drugs help me to forget everything.

With regard to problems related to your use of alcohol/drugs:

0	My use of alcohol/drugs has caused no problems in my life.
-12	My use of alcohol/drugs has caused problems with my family (e.g. marital problems and arguments).
-14	My use of alcohol/drugs has caused problems with my family and my friends.
-20	My use of alcohol/drugs has caused problems in two or more of the following areas: family/friends, work, legal, health, finances.

Add up your dependencies scores and enter the total here.

Total:__________

Now multiply this total by .40.
Total:__________ x .40 = __________ (Your Dependency Score)

Mark Your Score Here	Your Patterns Tend To Support
	High Level Wellness
0	
	Exceptional Wellness
- 3	
	Average Wellness
-10	
	Less Than Average Wellness
-25	
	Low Level Wellness

SUMMARIZE YOUR LIFESTYLE

Summarize your Lifestyle Inventory by adding up your total scores from the preceding lifestyle measurements.

Your PHYSICAL ACTIVITY SCORE +__________

PLUS: Your NUTRITIONAL SCORE +__________

PLUS: Your STRESS MANAGEMENT SCORE +__________

EQUALS: Subtotal =__________

MINUS: Your POTENTIAL DEPENDENCIES SCORE -__________

YOUR LIFESTYLE SCORE =__________

Then enter your **PRESENT CONDITION SCORE** __________

YOUR WELLNESS DIRECTION

Your Present Condition Score Supports	Your Present Condition Score	Your Lifestyle Score	Your Lifestyle Score Supports
High Level Wellness	124	180	High Level Wellness
	118	168	
Exceptional Wellness	110	156	Exceptional Wellness
	102	144	
Average Wellness	94	129	Average Wellness
	86	114	
Less Than Average Wellness	78	97	Less Than Average Wellness
	70	80	
Low Level Wellness	62	63	Low Level Wellness

Place a mark representing your PRESENT CONDITION SCORE on the scale to the left.

Place a second mark, representing your LIFESTYLE SCORE, on the scale to the right.

Connect these two points with an arrow pointing from your PRESENT CONDITION mark to your LIFESTYLE mark.

This arrow gives a general indication of the influence your present lifestyle might be expected to exert on your physical condition with the passage of time.

Your physical condition can be maintained and improved by developing these wellness-related factors in your lifestyle:

REGULAR PHYSICAL ACTIVITY

BALANCED NUTRITION

EFFECTIVE STRESS MANAGEMENT

REDUCTION OF DEPENDENCIES

Preserving your wellness is clearly a matter of making intelligent choices--choices based upon the best available information regarding the effects of your behavior on your personal health and wellbeing.

*Adapted from: Murphey, T. **The Personal Fitness Inventory.** San Diego, California: Fitness Publications, 1981.

SPECIFY THE PROBLEM

When you make a decision to change, you need to know what you want to change. Now that you have completed the **Personal Fitness Inventory,** you may want to change your use of certain substances, such as alcohol, nicotine, marijuana, or caffeine. You may want to change some of your activities, such as overeating, not exercising, or watching too much television. You may want to change how you relate to some of the people in your life.

1. Write a paragraph about a problem that you have. Limit your description of the problem to details you can observe.

   ____

   ____

   ____

   ____

   ____

   ____

2. Using your problem description as a guideline, answer the following questions:

   a. What people in addition to you are involved in the situation? ______________________________

      ____

      ____

   b. Where does the problem generally occur (at your house, at the office, on board ship)? ____________

      ____

      ____

c. When does the problem generally occur (time of day, how frequently, how long)? ____________________

____

____

3. When you find yourself in the situation you described,

a. What do you do? ______________________________________

____

____

b. What happens in your body (stomach churns, head aches)? ______________________________________

____

____

c. How do you feel? ______________________________________

____

____

d. What do you say to yourself (self-talk)? __________

____

____

ALTERNATIVES

Refer to the problem you described on **Worksheet DM I-2, Specify the Problem.** Write down at least three alternatives to solve the problem. Some useful questions to ask yourself might be:

1. What are some ways I can get what I want?
2. What can I do to alter the problem situation?
3. How can I think differently about the problem?
4. Where can I get more information about the problem?
5. What elements of the problem situation can I control?
6. Can I change those elements in any way to affect what happens?

Alternative 1: ____

Alternative 2: ____

Alternative 3: ____

Alternative 4: ____

Alternative 5: ____

CONSEQUENCES

Review your list of alternatives from the **Worksheet, DM II-1, Alternatives.** Write down Alternative 1, then write down the first feeling that occurs to you in relation to that alternative. Continue listing the alternatives and your feeling about each one. Then, complete your list of positive and negative consequences. Write down at least 3 positive consequences and 3 negative consequences for each.

Alternative 1: ______________________________

Feeling: ______________________________

Positive Consequences

1. ______________________________
2. ______________________________
3. ______________________________

Negative Consequences

1. ______________________________
2. ______________________________
3. ______________________________

Alternative 2: ______________________________

Feeling: ______________________________

Positive Consequences

1. ______________________________
2. ______________________________
3. ______________________________

Negative Consequences

1. ______________________________

2. ______________________________

3. ______________________________

Alternative 3: ______________________________

Feeling: ______________________________

Positive Consequences

1. ______________________________

2. ______________________________

3. ______________________________

Negative Consequences

1. ______________________________

2. ______________________________

3. ______________________________

SELF-CONTRACT FOR CHANGING

Refer to **Worksheet DM I-1, Specify the Problem, Worksheet DM II-1, Alternatives,** and **Worksheet DM II-2, Consequences** in order to make the decision about your goal. Once you have decided upon your goal, fill out the self-contract below.

1. By __________, I will have ____________________________.
   (date) (specific goal)

2. I need to take these steps to reach my goal:

   a. What I will do is:________________________________

   b. When I will do it is:______________________________

   c. What I will need is:_______________________________

   d. How I will do it is:_______________________________

3. Reaching my goal:

   a. What might stop me from attaining my goal?

   ____

   ____

   b. What might I say to myself that will stop me from achieving my goal?

   ____

   ____

   c. What can I do to help myself reach my goal?

   ____

   ____

4. The person in this class I choose to help me achieve my goal is:

____

5. This person will provide help to me this week in the following ways:

   a. What I'd like this person to do is:

   ____

   b. What I'd like this person to say is:

   ____

6. I will evaluate my results in the following ways at the following times:

____

7. When I have reached my goal, I will reward myself by:

____

________________________ Signature (Self)	________________________ Signature (Witness)

____
Date

MAINTAINING CHANGE

Changing involves deciding on a goal and trying out new behavior. Once you have decided on a goal and established new behavior, you may find it useful to find ways to maintain change.

1. Refer to **Worksheet DM II-3, Self-Contract For Changing,** and write down your goal:

   ____

   ____

2. Once you have reached your goal, what are three things you can do to maintain the change?

   a. ____

   b. ____

   c. ____

3. What are three things you can say to yourself to maintain the change?

   a. ____

   b. ____

   c. ____

4. Who can provide you with some support in maintaining the new behavior?

   ____

5. If you do not maintain the change, how will you begin again?

   ____

6. When will you begin again? ____________________________